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LECTURE.

LARYNGITIS ULCUS SYPHILITICA: KERATITIS SUPPURATIVA ACU- TA: STRUMA, PHARYNGO-TONSIL- LARIS.

A CLINICAL LECTURE BY DUDLEY S.
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Reported for the MEDICAL AND SURGICAL REPORTER
by ALLEN KELCH, M. D.

SYPHILITIC ULCERATION OF THE LARYNX.

Mr. J. N——, sixteen years of age, of good family, a bright, intellectual youngster, whose home is in Frankfort, Ky., makes his appearance this morning pale, emaciated, and articulating with great difficulty.

Beginning at the superior border of the anterior glosso-palatine ligament is a deep sulcus with ragged, infiltrated marginal outlines; illumination shows this sulcus extending on down behind the tonsil to the base of the epiglottis on the right side, cutting off the ary-epiglottic ligament and extending deeply through the cartilage to the upper surface of the right vocal cord.

Applying a mop made of cotton-wool rolled upon a probe and dipped in a solution of carbolic acid, a half drachm to the ounce of water, the ulcer is easily cleaned to the bottom. In the course of this procedure the muscular movement spreads the opening, which seems to have a rope-like cord drawn obliquely across the chasm near the base; this distinctly pulsates, and is unmistakably the common carotid.

The appearance of this ulcer, which the

patient says has been forming now for three weeks, is distinctly characteristic of syphilis. Epithelioma does not develop so rapidly, and tuberculous ulceration would present entirely different appearances. If it were tuberculous, the chasm would be occupied by a mass of tough lymph, because the bacillus tuberculosis grows best in lymph, and its first effects are to swell the lymph corpuscles, and by actual increase of contents to rupture the lymph tubes. The exuding mass of lymph from these points of rupture constitutes the primary breach of continuity in the process of ulceration. The margins of the tuberculous ulcer are always oedematous with a grayish mass of exuding lymph overlapping the edges of the ulcerative surface, and no tissue points of granular surface may be seen until after the removal of the contained lymph, which is always very tough and difficult to clear away—in fact, impossible to completely remove without the assistance of some powerful astringent, aided by friction, to disturb the relations of the exuded mass of lymph and the open lymph tubes through which it comes.

In the case of this young man the margins of the ulcer are everted and ragged, presenting a sharp marginal line of inflammatory infiltration intensely red—scarlet, indeed—whilst the ulcer itself contains a species of pus easily cleared out, tending in no way to resist the mop loaded with the carbolized fluid, which is introduced for its local anæsthetic as well as its antiseptic action. The rapid development of the ulceration alone is strongly suspicious of syphilis, whilst the local appearances of the ulcer, which at the base is gray whilst the walls have irregular projecting points of red tissue with an in-

flamed areola, makes a perfect picture of the syphilitic ulcer.

It is remarkable that this ulceration has not invaded the walls of the carotid artery, whilst all the tissues surrounding it are destroyed, as you observe. It seems impossible for any further extension of the ulceration in the larynx to take place here without resulting in perforation, and if the walls of the tube are perforated emphysema will speedily occur, and the patient must then perish. If this process can be arrested at once, however, the chances of recovery may be said to be fairly good.

As the case is very urgent in its demands for treatment, I propose giving him twenty grains of the iodide of potassium in a half glass of water every two hours. The rags which he now wears about the neck are to be removed, and no local treatment or external application made except a spray of ten grains of borate of sodium to the ounce of water, simply to facilitate cleaning the larynx of accumulations which naturally gravitate that way.

Syphilitic ulceration of the larynx is often fatal when its true nature is not recognized in time to prevent perforation. Just how long an artery may resist the action of the syphilitic virus it is impossible to say, I have known arteries to remain exposed three weeks before rupture occurred in cases of epithelioma where the ulceration had extended to all the tissues surrounding it, leaving it fully exposed in its passage across the cavity.

If the iodide of potassium disturbs the renal function in this young man, we shall substitute the iodide of sodium; in fact, it is my habit to alternate the sodium with the potassium salt, and in some cases to rely wholly on the sodium instead of the potassium. I had a case not long since similar to this in many respects, in the person of a prominent young journalist in this city. His physician, knowing he had syphilis, undertook to administer the iodide of potassium when the ulceration set in, but the patient was suddenly seized with all the distressing phenomena of iodinism. In this condition he was sent to me. I began with 20-grain doses of the iodide of sodium in a glassful of water every 4 hours, which he took without difficulty, and in two weeks' time the extensive ulceration of the larynx had entirely healed; of course, the dose had been increased after the first three or four days.

It is astonishing what great differences are sometimes observed in the action of iodide

of sodium and potassium. Any form of potassium appears poisonous to some people, whilst others may take in almost unlimited quantities any one of the numerous preparations. The tendency of iodide of potassium to produce interstitial nephritis is not sufficiently appreciated by the profession, I fear. This tendency is always diminished by the use of the iodide largely diluted with water. If the patient has to take 20 grains of the salt he should have it in not less than four ounces of water; indeed twice that amount of water is preferable, and in all cases where iodide of potassium has to be given for the relief of syphilitic ulceration the dose should be progressively augmented and the quantity of water increased, the patient being required to pass his water in a vessel, in order that no mistakes shall occur in determining the quantity passed in 24 hours. If any very considerable diminution in the quantity of urine passed should occur, I should at once proceed to inquire into the character of the urine voided, with a view to either discontinuing the treatment altogether until the kidney affection can be brought under control, or the substitution of the sodium for the potash salt. From a considerable experience with the iodide of sodium, I am satisfied it meets every therapeutical requirement, and is in no respect inferior to the iodide of potassium in the treatment of syphilis, whilst its tendency to disturb the kidneys is far less. Remember, however, that if the patient can take a pint of water at a time, the potash or sodium should be given in that quantity.

[It was subsequently learned that the young man had been led astray, and contracted syphilis in the usual manner four months before. By the fourteenth day following this treatment the ulcer had entirely healed, and he returned to his home greatly improved in flesh and strength, with his voice fully restored.—REP.]

CASE 2. SUPPURATIVE KERATITIS.

Mr. W., dancing-master, aged 64, a gouty subject, has been suffering with intermittent fever. Ten days ago his family physician sent him to me with an ulceration of the right cornea, the ulcer being small, and lying almost directly in the centre of this structure. It was superficial, presenting a gray base with a small particle of lymph adhering to its lower edge. The eye was painful, and of course morbidly sensitive to light. The pain radiated from the brow through the temporal region, extending at times to the occiput on the right side. After con-

sultation, it was decided he should take five grains of quinine in solution every four hours. He was to have at night one grain of calomel, to be followed in the morning by a Seidlitz powder. Locally a drop of a solution of homatropine—one grain to the drachm of water—was instilled for the relief of pain whenever it became necessary.

Two days later, Mr. W. presented a sad appearance: the lids were tumefied; the cornea throughout the anterior lower half had become gray; a mass of lymph hung from the central portion, which was still ulcerating, and the anterior chamber was almost entirely filled with lymph. This *lymph* in the anterior is frequently called *pus*. A condition similar to that just stated is described in all text-books on the diseases of the eye as hypopion, and the older writers—even some at the present time—advocate paracentesis of the cornea, with a view to evacuating the irritating *pus*, as it is called. Some have even gone so far as to describe how the endothelial cells from the surface of the iris and the cornea degenerate into *pus* and fall loosely into the anterior chamber, producing this collection. This is a condition that never exists in the form described; instead of *pus* this accumulated mass of effused fluid which presents a gray opaline—sometimes yellowish—appearance in the anterior chamber of the eye, is lymph, as may be easily demonstrated. No one will deny who has punctured the anterior chamber for the relief of these affections that this mass is always found in strings, or flakes, or shreds; that the matter is of a tenacious character and comes away in masses—usually in one mass—when it passes outward. It may be completely removed and extracted from its confinement by seizing it with the forceps and drawing it out as you would a clot of blood or mass of lymph from any other situation. Excuse this digression.

Mr. W.'s condition being now somewhat alarming, the homatropine drops were ordered to be used every ten minutes till the pain ceased—this to be repeated at every recurrence of the pain—and five-grain doses of the sulphate of quinine were ordered to be taken *every hour during the day*. Forty-eight hours after this change in the treatment the cornea had cleared up; in four days the entire mass of lymph effused into the anterior chamber had disappeared by solution and absorption. After this the quinine was administered three times a day before meals in the same manner and dose (five grains) up to the present time (ten days from the beginning of the trouble), the eye now being

almost entirely free from irritation, and the general condition of the patient vastly improved. I venture to say he may take ten grains every night at supper-time for a week as a precaution against relapse.

Cases of this kind, unless treated in the vigorous manner I have just described, go rapidly from bad to worse, until the cornea sloughs out *en masse*, and the eye is destroyed. Cases are not wanting where symptoms of meningitis occur at this stage, and death in a few hours or a few days at most comes to the relief of the patient, who in my opinion might have been saved by the timely and vigorous use of the sulphate of quinine. A gentleman so well advanced in years, with a gouty diathesis, so sadly afflicted as Mr. W., affords to my mind a magnificent illustration of the triumph of medicine over disease.

CASE 3. GENERAL STRUMA.

J. McK., æt. 28; pale, relaxed tongue; hoarse, husky voice; pulse feeble; skin clammy; respiration 30 per minute, and labored. He is harassed by cough at night, and complains of soreness in the chest. He does not sleep well, has a poor appetite, and for two months past has been troubled with night-sweats; he has been twice rejected for life insurance within the last two years. His mother and sister are said to have died of pulmonary consumption; he resembles his mother in facial expression, complexion, etc., and is thought therefore to be especially liable to pulmonary consumption; in fact, he thinks he is now afflicted with it. His family physician, however, Prof. E. R. Palmer, an expert in physical diagnosis, has not been able to detect any distinctly localized pulmonary disease. The patient is a man of family, and observes correct habits, indulging in no dissipation whatever. For three or four mornings past he has supplied me with the sputum expectorated during the night. Careful microscopical examinations from time to time have been made; no tubercle bacilli have been found. The cervical lymphatics are all enlarged, the tonsils are pale and enormously distended, in fact, they are in contact at the superior extremities. He finds it difficult to swallow solid food, and he says a large quantity of matter flows down from the palate into his throat on rising every morning. The lining membrane of his nose is pale, soft, pulpy, and covered here and there with accumulations of very tenacious lymph. In the pharynx a considerable quantity of *pus* which, pouring down upon the posterior wall of the cavity, is brought into contact with the air inspired

through the mouth, and dried, presents itself in the form of brown or yellowish-brown crusts. His tonsils have never been subjected to local treatment, though he has used a variety of sprays and gargles. He says he has been eight months under the treatment of a prominent specialist in the city, and that he has taken, he thinks, several gallons of cod-liver oil.

I am glad to be able to present such a case for consideration, inasmuch as it will afford an opportunity to demonstrate a principle in therapeutics, as well as to relieve Mr. McK. of a troublesome and somewhat grave affliction.

It is the opinion of many reputable practitioners who have examined this patient, that he has incipient tuberculosis complicated by a chronic naso-pharyngeal catarrh. Fortunately, we are now no longer obliged to rely upon family history, so-called, nor upon those phenomena which go to make up the evidence of the so-called scrofulous diathesis, which is regarded by many as a constitutional taint generally present in the subjects of inherited tuberculosis. In the absence of bacilli tuberculosis in the expectorated matter we are not wholly warranted in concluding this patient has not in some other part of the body, or it may be in the pulmonary substance itself, some masses of tubercle.

He has attained fair size and enjoyed most of his life in a comfortable state of health, not to say robust health. The enlarged lymphatic glands in the neck, the enlarged tonsils without inflammatory action, and the pale infiltrations with exudations of lymph here and there upon the Schneiderian and pharyngeal mucous membranes, show most conclusively the presence of an excess of lymph in his system. The disturbed respiration, the feeble pulse, the sleeplessness, and, I may say, general neurasthenia, arouses the suspicion that this excess of lymph in the system has much to do with the debility and generally broken-down condition of his health.

It must be remembered that the lymph is derived chiefly from the multiplication of the leucocytes, and they are exuded through the walls of the blood tubes into the lymph channels. These channels are found everywhere in great abundance throughout the whole economy. Large numbers of lymph-spaces, as they are called, surround the arteries and the nerve-trunks of the body. Large numbers of lymph-tubes are found in the naso-pharyngeal membrane. The tonsils are lymph-glands, and they are enormously enlarged in this case, and yet in no manner

inflamed; indeed, the whole naso-pharyngeal membrane, as well as the tonsils, presents an abnormal pallor. The matter expectorated contains broken epithelial cells, pus cells, and lymph corpuscles, but no tubercle bacilli.

Now he must have such local treatment as will dissolve and tend to clear away the accumulating exudation in the nose and pharynx; he must have something likewise which will exert a similar influence upon the lymph exuded lower down in the air-passages, that he may expectorate more freely and consequently suffer less distress when he coughs. He must likewise have something which tends to liquefy and dissolve the lymph in the lymph-channels and glands throughout the entire body. He acknowledges no periodicity in the course of his sufferings, and the pale relaxed tongue, with the night-sweats, constitute, therefore, the only ground for suspecting the presence of miasmatic infection.

The tonsils, you must remember, are composed of convolutions. They are fissured, and in the depths of these fissures large quantities of mucus are said to be secreted. This is the case, however, in abnormal conditions only; in the normal state the tonsil is an exceedingly small gland, which presents a series of convolutions in that part of the mucous membrane which lies between the anterior and the posterior glosso-palatine ligaments. In the present condition, however, these convolutions, each containing separate compartments of a glandular body identical in all respects with the cervical and other lymphatics, assumes an ovoidal form, with indentures into which a probe may be passed to a considerable depth—in this case quite an inch, that being about the thickness of the enlarged gland. In each of these apertures or sinuses are quantities of decaying lymph, and now and then a little cheesy matter which represents one form of degeneration of lymph.

Rolling a small portion of cotton-wool upon the end of a flexible probe, and dipping it into carbolic acid, these sinuses may be thoroughly wiped out, and freed from their irritating contents.

He is to have one-fiftieth grain of bichloride of mercury and two grains of the sulphate of quinine before each meal and at bedtime. He is to use as a snuff for the purpose of dissolving accumulated masses in the nose and pharynx a powder made as follows:

| | |
|-------------------------|-----|
| R. Pulv. sodii boratis, | ℥j. |
| Pulv. sodii chloridi, | ℥j. |

M. Sig.—To be used as a snuff in small quantities frequently during the day.

He is to have for use with the atomizer, for inhalation to assist in cleansing the nose and pharynx, the following mixture:

| | | |
|----|------------------|--------|
| B. | Sodii boratis, | 3 ij. |
| | Sodii chloridi, | 5 j. |
| | Acidi carbolici, | 3 ss. |
| | Aquæ destillatæ, | 3 xij. |
| | Aquæ camphoræ, | 5 iv. |

M. Ft. solutio. Sig.—Use with the atomizer.

In addition to this, he is to have one of Blancard's pills of iodide of iron after each meal.

Now comes the most important part of the treatment, since the medicines have all been prescribed.

We are to devise some means by which the excess of lymph from which he is now suffering shall not be renewed. It has been found that an animal partaking of cooked fruits, molasses, jellies, in fact, glucose in any form whatever, experiences a rapid increase in the leucocytes in the blood, followed speedily by turgescence of all the lymph tubes in the body and engorgement of the lymphatic glands. Moreover, lactic acid fermentation takes place in the alimentary canal, the renal secretion is reduced in quantity, and is often found to contain large quantities of glucose.

Glucose seems to be in the nature of an artificially-digested food, which enters the system in great quantities through the absorbents in the alimentary tract.

Now, saccharose and starch, taken as food, cause an increased activity in the leucocytes, for both tend to increase the temperature of the body by promoting cell action, and in this way are force-producing agents. If the starch and the saccharose be artificially digested by heat before they are introduced into the system, they simply create an abnormal increase of what would otherwise be a normal action of all such agents, with the single exception that they are especially liable to disturb the alimentary canal in addition to lymphatic engorgement. We shall feed our patient abundantly on all kinds of meats and good vegetables plainly cooked; he shall have milk, butter, and cheese in abundance; he shall have all the ripe, raw, and seasonable fruits, fresh and in their natural state, and under this plan of treatment he shall rapidly recover; his enlarged tonsils shall disappear, and in six weeks from this time, if no accident happens, and I am not seriously mistaken in my judgment, which I assure you is based largely upon experience, this patient shall be regarded a sound man.

—Fear closes the ear of the mind.

COMMUNICATIONS.

INFANTILE ERYSIPELAS.

BY E. W. MITCHELL, M. D.,

Of Cincinnati, Ohio.

In a paper on the above subject, read before the Cincinnati Academy of Medicine, October 23, 1886, the author reported the following interesting case:

Annie ———, æt. eight months, in perfect health prior to her present attack, living in the country with the best possible surroundings as to hygiene. No other cases of erysipelas had existed in the neighborhood, and she had not been away from home for some time. No wound or abrasion was noticed. On July 19th she was feverish, and the mother noticed at the same time a spot of redness and swelling on the right labium pudendi. I was first called on the 22d. The characteristic eruption of erysipelas now covered the vulva and gluteal folds. Temperature 104°, pulse 160; child restless and sleepless. Ordered tr. aconit. gtt. two-thirds, every hour till fever should subside, when the dose was to be reduced to gtt. one-half; tr. ferri muriat. gtt. ii every two hours, well diluted; locally a lead wash. By the 24th, the fifth day of the disease, the eruption extended on both limbs to the knees, and on the back to the lumbar region. Evening temperature 106°, its highest point; pulse 160; slight cough. Fine mucous rales heard over the right lung. The local application was now changed to white lead paint well rubbed down with oil. By the 26th (seventh day) the eruption covered the back, extended below the knees, and was beginning to invade the abdomen. Temperature 103°–104°, pulse 160; cough had subsided, rales were no longer heard; dose of iron increased to gtt. iv every two hours.

During the next few days the eruption was slowly extending over abdomen, thorax, and lower limbs. After the thorax was covered, it then extended down the arms, next spread up the neck, appeared in front of the ears, spread over the face, and finally invaded the scalp. The whole surface of the body, by August 5th (seventeenth day), was covered. While spreading over new territory the eruption was fading out over those parts first affected, and several times there were fresh attacks, which were limited in extent. July 30th (eleventh day), respiration again became very rapid. She had a cough, and there were mucous rales in both lungs. This

attack subsided again in a day or two, but another more severe, with expulsion of mucus, appeared on the 10th of August. From this time there was very rapid breathing, cough and expectoration, during the rest of the sickness. These symptoms at times subsided, and again became severe. On August 5th she had a severe convulsion, followed by coma, lasting a short time. The convulsions recurred at intervals. A large abscess formed on the head, over the site of the posterior fontanelle, which was first aspirated, and upon refilling opened. The abscess was first noticed on the 31st day of the disease; it evidently added much to the suffering of the child, as well as being a drain upon her physical resources. On the 34th day I was told by the nurse that the child looked as if she had the measles. Examination disclosed a petechial eruption covering nearly the whole body. During the last few days the urine was very scant, but none could be collected for examination. Death September 15th, eight weeks after the beginning of the attack. There were never any symptoms of peritonitis or enteritis. The bowels were regular most of the time. The appetite was fairly good until the last week.

The principle of treatment kept in view was to nourish and sustain. Being upon the breast, her food was confined to the mother's milk. Regular hours of nursing were as much as possible observed. Iron and quinine, one or the other, were administered throughout. The aconite was discontinued after the first few days. The complication on the part of the lungs was treated by warm poultices over the chest, and small doses of muriate of ammonia internally. The convulsions were usually promptly controlled, and often when threatened, prevented by the hot bath. During the latter part of the disease wine or brandy was given in small doses. The lead paint seemed to delay the spread of the disease. On the face iodoform collodion was used. Although it seemed to mitigate the intensity of the inflammation, it did not prevent its extension. The doctor thought the unfavorable result in this case was to be attributed mainly to the complications.

SCHIRRHUS OF THE CARDIAC ORIFICE.*

BY E. BRUNO ZINKE, M. D.,
Of Cincinnati, Ohio.

German, æt. 46, family history good, fine physique, weight 220 pounds. He drank

* Read before the Cincinnati Academy of Medicine, October 18, 1886.

habitually 18 to 20 glasses of beer daily, yet was never seen intoxicated. He was a big eater, yet was never seriously ill. In September, 1886, he was taken ill with chills, fever, and sweating at irregular intervals, followed by jaundice, general malaise, loss of appetite, nausea, and morning vomiting, with irregular bowels. He had occasional tenderness and lancinating pain in the left side, under the ribs, which was readily influenced by turpentine liniment. Liver enlarged. He recovered under treatment at the end of two months and was discharged, the diagnosis being gastritis. He had also had a hemorrhage in the beginning of the attack. During the winter he had another attack of hematemesis; went to various physicians and the clinics, but gradually grew worse. The following April he presented himself to Dr. Zinke in the following condition: emaciated, hungry but unable to eat, cachectic, tongue coated, complained of a burning sensation from the middle of the œsophagus to the stomach, amounting to pain on deglutition. Solid food was rejected at once, and liquid was not long retained. There was excessive salivation (not mercurial), and digestion was accompanied by distressing hiccup and eructations. Left lobe of the liver very much enlarged. No tumor could be detected in the epigastric region. Temperature 100° F. Urine highly colored, and loaded with urates. May 13 he vomited a piece of hard cancerous substance, semicircular in shape, about an inch in length by half an inch in thickness, crumbling somewhat when rubbed between the fingers. After that he felt decidedly relieved, and was able to eat some. Though ordered a milk diet, he would at times eat meat and vegetables. He continued to improve; was able to be up and about the house until shortly before the last hemorrhage, after which he sank rapidly, and died ten days later of exhaustion.

For the relief of the digestive symptoms, one-drop doses of a one per cent. solution of nitro-glycerine were given with good effect three times daily. When this medicine was withdrawn for any length of time he immediately grew worse. Medicines to relieve the constipation or diarrhœa were the only other remedies given, with the exception of the last two weeks, when morphia was given to procure rest and sleep.

Post-mortem.—Large cancerous mass, involving the cardiac end of the stomach and lower part of the œsophagus, left half of the diaphragm posteriorly, posterior half of the base of the left lung, the spleen, tail of

the pancreas, and the left flexure of the colon. The mucous membrane of the stomach presented the appearance of chronic gastritis. The cardiac orifice was so small that it with difficulty admitted the end of an ordinary probe. The calibre of the ascending and transverse colon was so small that they were taken for the small intestine.

Microscopic section of the cancerous growth showed it to be a soft scirrhus.

A remarkable feature, considering the size of the cardiac orifice, was the fact that the patient was able to swallow a large amount of food only two weeks before his death.

NOTES ON MEDICO-LEGAL TOPICS.

BY HENRY A. RILEY, ESQ.,

of New York City.

ONE PHYSICIAN TRIES TO PREVENT ANOTHER FROM PRACTICING.

One of the daily papers recently had this account of a case where one physician tried to prevent another from practicing: Before Vice-Chancellor Van Fleet at Newark yesterday (November 1) a motion was made by counsel for Dr. Frederick B. Mandeville for an injunction to restrain Dr. George W. Harmon from engaging in the practice of medicine in Newark. The application alleged that in the early part of last year Dr. Mandeville entered into a contract with Dr. Harmon to act as his substitute during his absence for three months. The period was afterwards extended to October 1 of this year. Dr. Harmon continued to act until September 22, when he was released. The contract provided that Harmon should not engage in practice in Newark at any time after its expiration. The applicant claimed that this agreement was part of the consideration which led him to make the contract, and it was absolutely necessary for his protection, as the position Dr. Harmon took gave him opportunity to learn Dr. Mandeville's business, get acquainted with his patients, inspect his accounts, and learn his special and private formulæ and prescriptions, and also to learn professional secrets, which Dr. Mandeville had a right to keep from the world. In his answer, Dr. Harmon says that the real contract is contained in a letter from Dr. Mandeville to him, dated April 6, 1885, in which he is offered \$500 a year for three months and a proportion of the excess of business during that period, and that no restraint was imposed on him. It was after he had been employed that the contract was drawn up. The

Vice-Chancellor said he would take the case into consideration.

COLORED ECLECTICS.

The following account of a case before the Mayor's Court of Pittsburgh is curious, and shows that colored physicians in their practice are quite eclectic: At the hearing this afternoon (November 5, 1886,) before Acting Mayor Bell, of a case where a negro physician, Henry Thornton, was credited with the power of reviving waning affections between man and wife, it was developed that Thornton had informed the husband of Mrs. Virginia Emerson that if he would place a piece of his wife's clothing in a bottle and bury it, he could do what he pleased with her. The wife, on the witness stand, stated that although unaware of this proceeding it had the desired effect, as against her will she was compelled to crawl along the floor of her house. Then the bewitched bottle was brought to her and broken, when her instant recovery followed.

THE RULES OF THE PUBLIC SERVICE AND PROFESSIONAL ETHICS.

The rules of the public service sometimes seem to come in controversy with professional ethics: at least, Dr. Garnett, of Washington, D. C., finds fault with the regulations of the Pension Office. Commissioner Black recently sent Dr. Garnett this letter: "Your certificate of sickness in the case of Miss ——— is hereby returned to you, as it is not sufficiently explicit. The rules of this office require that physicians shall specify the trouble with which the patient is afflicted. I have therefore to request that you make a new certificate and forward to this office accompanied by this letter as soon as practicable. The certificates of physicians are treated in this office with the strictest confidence."

Dr. Garnett has refused to furnish the certificate demanded, and has written a letter to the Commissioner denying his right to ask for such a certificate. He says: "In all civilized countries the relation between the medical man and his patient is regarded as a private compact, involving the personal honor of the former and possessing all the sanctity implied by an oath—one which no honorable member of the fraternity could violate without entailing upon himself personal disgrace. * * No medical man in this city, who possesses a proper self-respect and correctly appreciates the dignity and responsibilities of his profession, will ever demean himself so far as to comply with such a rule. In the particular case referred to in your

note, I have already informed you that the party has been under and still is under surgical treatment which physically unfitted her for the performance of her official duties."

Commissioner Black has made a number of mistakes in the administration of the Pension Office, and this last edict seems to be another. There is little doubt but that Dr. Garnett will get the best of the Commissioner, and force him to be content with the first certificate.

THE MENTAL CAPACITY OF A DEAF MUTE.

The New Jersey Court of Chancery has decided in a case of a deaf mute that she had no mental capacity sufficient to transact business, and could not select an agent to act for her. The person was deaf and dumb ever since she was two or three years old. Lord Hale held in England many years ago that a person deaf and dumb from birth was in presumption of law an idiot, but this presumption could, it seems, be rebutted by proof. At the present day the rule seems to be that there is no presumption at all, but that every case is to be decided by the proof presented of capacity or incapacity. In the case at issue the evidence was very strong that the woman was incompetent, yet the jury decided that she had power to choose an agent. It appeared that she was ignorant, having never been taught any language; that she could not comprehend any business transaction except perhaps the simplest, involving not more than a dollar; that she had learned to fetch and carry, do ordinary housework, and cook a meal; that she understood about such matters through motions; that she had never managed her own property, although about sixty-five years old, and knew nothing about its amount or mode of investment. An application was made to set aside the inquisition of the jury, and the court granted the application, as was clearly the sensible thing to do.

AN INTERMEDIATE PENITENTIARY.

While the Prison Association is meeting at Atlanta, and right in the section where the convict lease system is entrenched, is attacking it with vigor, it is noticeable that attempts are being made in other places to make the convict's lot a more hopeful one. The corner-stone has just been laid at Mansfield, Ohio, of a new Intermediate Penitentiary, with imposing ceremonies, in which ex-President Hayes, Governor Foraker, Senator Sherman, and others, took part. This Intermediate Penitentiary is an experiment for the reformation of convicts, and will be devoted to "first term" and "light sentence"

criminals. The purpose of the law establishing the penitentiary is to keep those convicts of whose reformation there is hope separate from the older criminals.

INTERESTING BEQUESTS.

Samuel Johnson, a resident of Chicago, by his will, which has just been probated, makes some bequests which will be of interest to the profession. He bequeathes \$10,000 for the erection of a bronze statue of Shakespeare in Lincoln Park, Chicago; \$25,000 for the Chicago Nursery and Half-Orphans' Asylum; \$50,000 for St. Luke's Hospital; \$10,000 for the Cincinnati Orphan Asylum; \$10,000 for a gateway at the main entrance of the college yard, Harvard University; and \$500 to help preserve the Hamlin Burying Grounds, Middletown, Conn.

MISS WELTON'S BEQUEST.

Mr. Bergh is quite happy over a decision just rendered that the will of Miss Carrie Welton is a valid one. Miss Welton, it will be remembered, was frozen to death about a year since while traveling in the Rocky Mountains, and left a will which made a large bequest to the New York Society for the Prevention of Cruelty to Animals. The Society is now in a very prosperous condition, and is receiving frequent gifts and bequests.

The will of Col. Fuller, of the United States Army, has been contested on somewhat similar grounds to those in the Welton case, and it is a curious circumstance that Col. Fuller met his death quite near where Miss Welton was overcome by the cold. The Fuller case comes up in the Washington courts, and if the will is sustained, the Society will be the richer by about \$60,000.

It is interesting to note in this connection that a Mr. Benjamin Moore, who recently died in Berlin, left a will giving a reward of one dollar to every policeman reporting a case of cruelty to animals. He said in his will: "As men have no hearts, I leave my money to the brutes;" and so it came about that the Berlin Society for the Protection of Animals became the possessors of about \$100,000.

MEDICAL SOCIETIES.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

(Conclude 1 from page 654.)

Dr. Howard had operated in another case of the neurotic class. Miss B., aged 20, consulted him in April, 1884, and was under

care for nearly three months. For more than two years she had suffered from intense and almost incessant cephalalgia. She had no uterine disease, but was constantly in a hysterical and hyperaesthetic condition. She had been treated by a highly intelligent physician in Virginia without relief, and he had taken her to an eminent physician in the city of New York, who inserted a seton in the nape of neck and one in each iliac fossa, which only produced local suffering, but in no way alleviated the intense headache, which nothing but large hypodermics of morphine could diminish, and give some hours of disturbed sleep. She went home unimproved, but returned again, and on November 3, 1884, as she always complained of great pain upon pressure over the ovaries, both ovaries and tubes were removed. No unfavorable symptoms followed the operation, and the cephalalgia soon diminished. Her parents were delighted with the result, and she returned home January 14, 1885. She seemed a new being—a handsome girl, of noble figure, and the only child of her parents. But the fates were against her. Some months subsequently, she sustained injuries from an accidental fall, which terminated her life in a few days. Dr. Councilman, our eminent pathologist, made the following report: "The ovaries contain cysts of various sizes, due to simple dilatation of the Graafian follicles. In addition to the cysts, there is a good deal of induration of the stroma, and in the right ovary an enormous formation of blood vessels. In character this vascular formation consists of small arterioles which are in general tortuous, and traverse the tissue in every direction. In some places they are so numerous that they resemble very much the convoluted sweat glands of the skin. In the left ovary, I found several of the so-called menstruation fibromas, due to fibrous degeneration of the corpus luteum. The fallopian tubes were dilated, and the mucous membrane thickened and hypertrophied."

Lastly, Dr. Neale referred to a class of cases, which, under the lead of Mr. Lawson Tait, has excited great professional interest, and is, at present, the subject of warm dispute, viz., the removal of the uterine appendages for chronic intra-pelvic trouble of a painful and persistent character. In this country, under the lead of Dr. Thomas Addis Emmet, these cases are usually classed under the head of *pelvic cellulitis*. In Mr. Tait's view, these are *chronic oovaritis*, *chronic salpingitis* with occlusion of the tubes, which are distended by serum, pus, or blood. In

many of these cases, Mr. Tait candidly admits that the diagnosis is uncertain. But when it can be made out with reasonable certainty—when suppuration has occurred in the ovaries, and the tubes are occluded and filled with pus—all now admit that the ovaries and tubes should be removed. What no one denies need not be discussed. But there are other cases which Mr. Tait would call *pyo-salpinx*, Dr. Emmet would call *cellulitis*—and many of them—that certainly do recover under judicious treatment, without removal of the uterine appendages. Call them what you like—*many of these cases get well*. And why should this not be so? Are the ovaries and tubes, of all the organs and tissues in the body, inveterately rebellious to remedies and methods of cure which effect cures in other organs and tissues? Is it at all probable that the All-wise Ruler of the Universe has endowed woman with organs that are essential to the propagation of the species, and yet made *them alone* incurable when inflamed, save only by an operation which defeats the object of their creation? It is a serious matter to sterilize a young woman forever, and, in Dr. Howard's judgment, it ought not to be done until all reasonable efforts to relieve her sufferings have failed. He held that in any case, whether of the neurotic class or that now under discussion, if an exploratory incision is made and the ovaries and tubes found healthy, they should not be removed. It is high time that a restraining hand should be laid upon those who are so eager to sterilize women.

Dr. L. E. Neale, with reference to Dr. Chunn's remarks explanatory of the non-appearance of the ascitic fluid after the operation, said he could not understand how a mere incision into the peritoneum could possibly produce such results. But he did understand how exposure, manipulation, sponging, and washing out the peritoneal sac could so alter its function. Indeed, this is a clinical fact, also applicable to other serous membranes, observed by Lawson Tait (*Dis. of the Ovaries*, ed. 1883, p. 253-4), and others, and, as far as Dr. Neale knows, denied by none.

Dr. Neale credited Dr. Howard with making a correct diagnosis, if any *positive* diagnosis was made.

If Dr. Howard held that the ovaries should always be spared when they did not present microscopical evidences of disease, Dr. Neale must differ with him. The typical case of Olshausen quoted in the paper, and a number of similar observations by

others, might be cited to prove that success may attend the operation of castration when the ovaries are apparently normal. Can we tell by merely looking at the ovary whether it is diseased or not? Does Dr. Howard believe in functional disease, or more correctly in serious functional disturbance of an organ without gross anatomical alterations? Ovaries thought to be normal have been found by histological examination to be diseased, hence Battey has abandoned the term normal ovariectomy.

Dr. H. P. C. Wilson said there are exceptional cases, where the patient is afflicted with neurotic troubles, evidently reflected from the uterus and its appendages—greatly aggravated with each return of menstruation, and where every means of relief had been tried without any good result, in which he would not hesitate to remove the ovaries and tubes, although at the time of operation he could not discover disease in the parts. A superficial examination by sight and touch, such as we can obtain during the progress of an operation, is not sufficient to establish beyond doubt the existence of health or disease in these parts.

Be this as it may, we find a woman with all sorts of neurotic troubles—a misery to herself, a burden to her friends, incapacitated for any of life's duties—in agony of pain, referable to the pelvic organs, probably in convulsions about the menstrual period, and with all her symptoms aggravated at these times. She had gone the round of physicians, and exhausted all surgical and medical remedies, and yet nothing better.

He would not hesitate to remove this woman's uterine appendages, whether they appeared to him, on opening the abdomen, healthy or unhealthy—not simply to get rid of these parts, but by getting rid of them to remove the stimulus to morbid and excessive innervation and circulation in the uterus, and stop its reflected neurosis. As long as menstrual life continues, so long will these miserable women drag out a wretched existence, and we are called upon to arrest this function by removal of the ovaries and tubes.

He could recall one woman from whom Dr. Robert T. Wilson removed the uterine appendages, who was having from five to twenty hystero-epileptiform convulsions daily, and who, from these, and great pain, especially in the pelvis, was worn away to a skeleton, and bed-ridden. He and Dr. Robert T. Wilson had exhausted all their power by local and constitutional treatment, for her relief, but without any benefit. This woman is now leading an active life, and getting her

living. When the abdomen was opened they could discover no disease in the ovaries and tubes by sight and touch.

Dr. B. B. Browne thought that in some cases in which the ovaries have been removed no examination of the tubes has been made. He thought that in every case the condition of the tubes should be determined, as it would have a very decided bearing upon the prognosis. He thought that if the ovaries were removed, the tubes were of no use, and should also be taken away.

Dr. W. T. Howard did not know whether in Dr. West's and Dr. Chunn's cases the tubes were removed or not; nor did it matter, as it was not pretended that either ovaries or tubes were diseased. Dr. Howard asked Dr. Browne if he knew of any physiologist who believed that the tubes caused menstruation? It was true that Mr. Lawson Tait had reported a case in which he had removed both tubes that were occluded and distended with pus, left the ovaries, and eight months afterward the woman had not menstruated. And this seemed to sustain Mr. Tait's opinion that the ovaries have nothing whatever to do with menstruation, and this physiological function is dependent upon the fallopian tubes. But it is well known that women often have amenorrhœa for months and years who have both ovaries and tubes. And Mr. J. Knowsley Thornton has reported two cases which are a complete offset to Mr. Tait's one case. In both cases Mr. Thornton closely and thoroughly removed the tubes; but in one of the women about two-thirds of one ovary was left; and yet both women continued to menstruate regularly. Further, Sir Spencer Wells states that if the ovaries be not completely removed and some small portion left, menstruation may recur quite regularly, even though both tubes have been totally removed. No one denies that *diseased* tubes should be removed; but when they are healthy, their removal is unnecessary, since they, like the uterus, undergo atrophy when the ovaries are gone.

Dr. Neale and Dr. Wilson avow their readiness to extirpate the ovaries in women of the hystero-epileptic or neurotic class, whether, upon an examination by sight or touch during an operation, they can discover any disease there or not. And Dr. Neale asked whether Dr. Howard thought there can be serious functional disturbance of an organ without gross anatomical alterations; and affirmed that ovaries thought to be normal have been found by histological examination to be diseased, and that, therefore, Battey

has abandoned the term "normal ovariectomy." Dr. Howard certainly thought that there may be extremely painful and distressing symptoms in functional disorders of an organ, as in cases of irritable heart, entirely unconnected with any evidences of inflammation or structural lesions. And if in the heart, why not in the ovaries? Dr. Neale's reference to Battey was unfortunate; for Battey tells us that he has abandoned the absolute term "normal ovariectomy," because he removed ovaries in the early history of his operation that, in his ignorance of their histology and pathology, he erroneously supposed to be healthy, that he now finds were really diseased. It may be true that there may exist morbid alteration in the ovaries that can only be discovered by the microscope; still, of what avail is that before and during oöphorectomy? But if such information were available, does it follow that such minute alterations of necessity demand removal of the ovaries? It is well known that in ovariectomy operations, ovaries that were obviously somewhat diseased both to the sight and touch had been left, and the women have subsequently borne children.

But if Dr. Howard was wrong in his opposition to the removal of healthy ovaries in cases belonging to the neurotic class, it must be conceded that he is in excellent company. In the September number of the *American Journal of Obstetrics and Diseases of Women*, Mr. Lawson Tait affirms that "save when the seat of such organic disease as will explain genuine suffering, the uterine appendages ought not to be removed;" and in the same number of the same journal he declares that "the ovaries should never be removed unless they are unquestionably diseased, that is, unless an anatomical alteration can be detected without doubt by a physical examination." And Battey stated at the meeting of the American Gynecological Society in this city on the 21st September, just passed, that not even "every case of organic disease of the ovary should be removed." All know that these gentlemen are the highest authorities on the subject.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, November 2, 1886. The President, C. L. Dana, M. D., in the chair.

A Case of Bitemporal Hemianopsia.

Dr. Edward Waitzfelder presented the patient, a lad whose general history was negative until five months ago. He then noticed

a "blur" over the right eye. He consulted Dr. P. A. Callan at the New York Eye and Ear Dispensary, who diagnosticated right temporal hemianopsia. The condition grew worse; the left optic nerve became involved, and left temporal hemianopsia devolved. The nasal fields of both eyes were unaffected. Two months ago the patient had choked disk in the right eye. His condition, November 1, was as follows: No other basal nerve affected; he has complete bitemporal hemianopsia, the whole of fixation point being included in the seeing field. Theoretically, the fixation should be bisected; but practically it never is. There is atrophy of both optic nerves, most marked in the right. Vision, R. E. 8-200; L. E. 20-20.

Diagnosis.—Tumor of the chiasm in the anterior portion; pressure upon the fasciculi cruciati of both optic nerves, the fasciculi laterali being as yet unaffected. There is no tubercular or syphilitic history. The rapid growth of the lesion points strongly in the direction of sarcoma.

So far as Dr. Waitzfelder could ascertain this was the first recorded case in the English language. The point of special interest in the case was that the fixation point was "dodged" by the line of the hemianopsia. Why this was so he could not say, but it would seem to indicate that there was a special set of nerves intended only for extreme central vision.

Remarks were made on the case by Drs. Pooley, Webster, Starr, Leszinsky, and Bullard.

Thomson's Disease.

Dr. George W. Jacoby presented a young man suffering from Thomson's disease. The history will be published hereafter.

Remarks on Cocaine and the So-called Cocaine Habit.

Dr. W. A. Hammond made some remarks upon his personal experience with some of the preparations of cocaine. He had used only the fluid extract, various wines, and hydrochlorate of cocaine. The fluid extract had been discarded by him since two or three years, mainly because it had been badly borne by the stomach. It excited nausea, and was disagreeable to the taste. He then began the use of the wines; but finding that they differed so much in their effects, he gave them up until he suggested to Thurber & Co. to try to make a wine of coca free from tannin and extractive matters, and they had, he believed, entirely succeeded in doing so. There were two grains of the hydrochlorate of cocaine to the pint of wine. With this

preparation he had had an extensive experience, not only upon others, but upon himself. He had used it in spinal irritation with excellent results—results which could not be attributed alone to the wine, but in part to the cocaine. He had used it also as a general tonic and for fatigue. For some time past he had been in the habit of taking a wineglassful at the close of his day's duties, and with benefit. It certainly had a decidedly restorative effect without being followed by a feeling of depression. He also had used it in some cases of dyspepsia with a very irritable state of the stomach. He supposed its action was by lessening the sensibility of the stomach, as it lessened sensibility when applied to other parts. It was remarkable to what an extent the irritability of the stomach was overcome by doses of two or three teaspoonfuls of the wine of coca, repeated at intervals of fifteen or twenty minutes until half a dozen doses had been taken. If the first doses were vomited, the succeeding ones would be retained longer, until finally they were retained altogether. Cases of irritability of the stomach due apparently to spinal irritation had been relieved within a few hours by this treatment. Generally when he wished in any case to produce a powerful therapeutical effect, he employed the salt. Dr. Hammond here spoke briefly of the physiological effects of coca, and said that the first writer, Tschudi (?), who had described its effects upon the native Indians of South America, gave an exaggerated account of its baneful influence, and his ideas had been copied over and over again, without the authority being given, until our minds had become thoroughly indoctrinated by them. That author said, among other things, that the coca rendered the teeth black, produced ulceration of the tongue, caused the breath to become fetid, the jaws to become ulcerated, the bones to soften, and rendered the patient an idiot. But subsequent observers said that such results must be entirely exceptional, as they had never seen them. If there was discoloration of the teeth, Dr. Hammond thought it might be accounted for by the lime which the Indians mixed with the leaves, or by the presence of tannin. There had recently been some very striking stories in the newspapers regarding the injurious effects of the drug upon persons who had become addicted to its use. In order to determine whether there was any truth in these statements, Dr. Hammond made some experiments upon himself. He first injected hypodermically one grain of the hydrochlorate of cocaine, which

caused an exhilaration of spirits and a happier state of mind than he had enjoyed during that day. He was unable to sleep that night until four or five o'clock in the morning, and when he got up he had a severe headache. He also had a large evacuation of urine. The effect of the drug was to produce an exhilaration, such as would be produced by two or three glasses of champagne. The next night he injected two grains, which produced the same pleasant feeling, and in addition he felt an inordinate desire to write. He wrote eight or ten pages of foolscap, and thought it was the best that he had ever written, but the next morning he found that it was the most extreme nonsense. Each sentence was complete in itself, but no two sentences had any relation to each other. The first part was more incoherent than the latter. The next night he injected three grains, and although he again felt the disposition to write he did not indulge it, but he talked a great deal and made speeches. He knew what he was about, and was able to restrain himself, but it was pleasant to speak. He went to sleep late, and again awoke with a severe headache. It was a peculiar fact in his case that at the point of injection there always developed redness, swelling, stopping short only of an abscess. He now had several hard spots on his arm, and waited four or five days, when he injected six grains of hydrochlorate of cocaine, three grains at two different places. He then felt decidedly "upset," yet he did not lose consciousness nor his relation to things. He gave instructions to the servants correctly. But he did not feel a strong disposition to write or to talk. He was unable to sleep at all that night. The injections were always followed by large evacuations of urine, and by headache next day, but without debility. Three nights later he injected eight grains, with about the same effects. The next night he injected eighteen grains, making six different punctures, all inside of twenty minutes. He became intensely exhilarated, and was unable some hours afterwards to recall what he did. He was in his office, but in some way got to bed, and the next day he found things in more or less disorder in his office. His headache remained for two days, and there was great action of the heart, palpitation; he could hear it beating on raising the arm to the head. Exaggerated action of the heart had also attended the smaller doses. But he experienced none of the horrible effects which were said to attend the use of the drug in large or continued doses, no disposition to murder or commit acts of violence.

He acquired no habit. He was able to quit its use at once, and regarding the cocaine habit he would say that he had given the drug in doses of from one to five grains for three months to a lady suffering from exophthalmic goitre, and she was then able to discontinue its use without any difficulty. At no time did she manifest any loss of moral principle. She took two doses a day. From a theoretical standpoint, perhaps cocaine should not be administered in this disease, but it proved beneficial in this case, for the heart's action, which had been increased, diminished, became steadier, and the patient felt much better. He also gave it for some months to a lady addicted to the opium habit, carrying the dose up to five grains injected once a day. It overcame the opium habit, and the patient failed to acquire the so-called cocaine habit. In this and other patients to whom he had administered cocaine, it produced, as in his own case, extraordinary action of the heart, increased temperature, and blood-pressure, perspiration, and indisposition to sleep.

He had used a ten per cent. solution of cocaine, soaked in lint and applied to the vulva, for the relief of masturbation, but it had failed in one case, that of a girl four or five years of age. It had been ineffectual in boys, applied to the glans penis.

In three cases of melancholia in women who refused to speak, injections of hydrate of cocaine had overcome the prolonged silence. The first was a marked case of melancholia with stupor, and the patient had not spoken for nine months. At the first sitting he injected one grain of hydrate of cocaine. The patient then nodded or shook her head in reply to questions, but would not speak. At the next sitting three grains of the drug were injected, and within four minutes the patient replied to questions by yes and no, and within ten minutes she began to talk, and kept on talking, although incoherently. She did not sleep that night, and seemed to have pain in the head the next morning. The next injection of three grains caused the patient to talk, but less incoherently. This was a year ago, and the patient continued as melancholic as before, but she talked, if that was any advantage. Dr. Hammond had failed occasionally to induce patients to speak by injections of cocaine.

As to the cocaine habit, Dr. Hammond regarded it as similar to the tea or coffee habit, and unlike the opium habit. He did not believe there was a single instance of well-pronounced cocaine habit, the patient

being unable to stop it at any time if he chose to do so. If a person were to continue its use for a long time, he should be inclined to look for trouble with the heart rather than with other organs.

Dr. J. B. Mattison, of Brooklyn, could not agree with Dr. Hammond that there was not a cocaine habit. Within a few months, Dr. Mattison has had seven cases of the cocaine habit under his care, five in physicians, two in druggists. He certainly believed there was such a thing as cocaine addiction. He regarded the drug as most dangerous and destructive of the tissues. In certain cases its action was more unfavorable even than morphine. The cases reported in the newspapers he thought were founded on facts. In one instance he wrote to a physician asking whether the report was true that a certain doctor had been arrested in the street under the influence of cocaine. The physician replied that it was true; that the doctor was a victim to cocaine. He could cite other similar cases. In one instance a physician attempted to write a prescription for a patient, but instead wrote for the sheriff to come and take him to jail.

The effects of cocaine, as far as he had observed, were similar to those described by Dr. Hammond, but besides the action upon the heart, the great volubility and the unrest he had noticed hallucinations and delusions, but no homicidal or suicidal tendency. In some cases there was marked emaciation. He thought the effects of the continued use of cocaine were more decided than those of the continued use of morphine. The patients whom he had treated had acquired the cocaine habit gradually, making comparatively small injections several times a day. Dr. Hammond seemed to think that no dose was toxic, but Dr. Mattison regarded Dr. Hammond's case as exceptional, and he would not advise any physician to repeat the experiment.

Dr. J. Leonard Corning thought there was a morbid fear of cocaine spreading throughout the community, and he thought the remarks of Dr. Hammond were timely, as they would tend to allay the prejudice against a most useful remedy.

Dr. L. C. Gray remarked that between Dr. Hammond on one side and Dr. Mattison on the other there was considerable distance, and he did not know how the question could be solved except by further experience. Dr. Hammond's statement that no cases had been reported by medical men was a mistake. Cases had been reported in Europe; but they were not numerous.

Dr. M. R. Richard said that about six years ago he had a case of despondency in a lady disappointed in love. This was in New Orleans, and a physician there told him that he was in the habit of using an infusion of coca leaves in such cases. He gave it to this woman with happy results. Three years ago he came to New York and was unable to find any coca leaves. Taken in this manner the patient would not be likely to get a sufficient amount of the drug to acquire a habit.

The President read a communication from Dr. C. H. Hughes, of St. Louis, in which he said: Most of the cases of cocaine habit seen by me have been mixed cases of opium, cocaine, and alcohol or ether inebriety, combined, or alternating; though, I think, I know of cases where cocaine is the chief, if not the exclusive, reliance. But these patients are not reliable in their statements. I have not seen a physician addicted to cocaine who stuck to cocaine exclusively. The finale has generally been cocaine, and opium, and whisky, and ether, and all the other neurotic stimulants. Opium is a much more agreeable stimulant, and most patients evidently try to get back to the fatal bliss of opium. I have never relied on cocaine alone in breaking up the opium habit. I never use cocaine to intoxication, and never regularly. My rule with cocaine cases, as I usually see them, is to get them back to plain opium, and then break them of that if advisable.

Dr. Hughes referred to the fact that in some cases cocaine produced poisonous effects.

The President referred to thirteen cases of cocaine habit reported by Erlenmeyer, and to a case reported by Bornemann. The subject, he said, had recently been discussed at the meeting of the German Congress of Physicians and Naturalists, when Dr. Smidt reported some cases of cocaine-morphine habit. The general opinion was that pure cocaine addiction was rare, but that the cocaine-morphine habit was not so, and was a very destructive and pernicious habit.

Dr. Hammond, in closing the discussion, said he did not deny the existence of a cocaine habit; he only claimed that it was unlike the opium habit, for the patient could break it off at will. He was aware that patients addicted to the use of opium sometimes added cocaine, greatly to their detriment. As to cocaine being a poison, twenty, and even thirty-two grains had been taken without serious results. He differed from Dr. Mattison, who thought it was more injurious employed hypodermically. But the patient

came under its influence more slowly when it was taken into the stomach.

The President reported for Dr. Herman M. Biggs a

Case of Subacute Spinal Paralysis,

and exhibited specimens of the cord and sciatic nerve. The case was one characterized by gradual paralysis of the lower, and then of the upper extremities, moderate atrophy, later a slight anaesthesia of the lower extremities; no pain, loss of tendon reflexes, and no bladder troubles. The course was progressive. Death took place in five months.

Autopsy.—The patient was a male, aged fifty-two, not syphilitic. The interest in the case lay in the rarity of the affection, and especially of cases in which post-mortem observations had been made. Clinically, it resembled mostly the subacute spinal paralysis of Duchenne, although that disease is very rarely fatal. It still more strongly resembled a chronic form of Landry's acute ascending paralysis, and gave support to Ross's classification of

1. Landry's paralysis.
2. The subacute paralysis of Duchenne.
3. Periependymal myelitis.

4. Progressive muscular atrophy, as inflammatory processes attacking the central gray matter of the cord, and distinguished by the greater or less acuteness of the process.

The case was interesting also as showing that these paralyzes are not always at least due to neuritis. Dr. Dana showed sections of the lumbar and upper dorsal cord, which he thought showed evidences of a low grade of central myelitis. The anterior roots and the sciatic nerve were apparently normal.

NEW YORK ACADEMY OF MEDICINE.

Regular meeting, October 28, 1886. Dr. Alexander S. Hunter, Chairman.

Section in Obstetrics and Diseases of Women and Children.

Maternal Nursing—Importance to the Child—Importance to the Mother—Its Influence in Preventing Diseases of the Pelvic viscera—Also Wet-Nursing—Its Influence in Increasing Infant Mortality.

Dr. Joseph E. Winters read the paper. He believed that maternal nursing hastened involution and rendered it much more complete. He cited numerous cases to show that the return to the normal condition of the

pelvic viscera was usually delayed and often imperfectly accomplished when the mother failed to nurse her own child; that in this way the foundation for chronic disease was often laid.

Dr. Simon Baruch thought the principal good accomplished by nursing the child in producing involution took place during the first few days.

Dr. Partridge thought three months elapsed before the normal condition was established.

Dr. J. Lewis Smith and others also took

part in the discussion, most of whom agreed essentially with Dr. Winters.

Dr. Winters, in the second part of his paper, strongly opposed the employment of wet-nurses, except when absolutely necessary. They usually belonged to the unmarried class; were often capricious and tyrannical, and infantile mortality was certainly increased by their employment, as they were apt to sacrifice either their own infant or that of their mistress, and their milk was of uncertain quality.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Vicarious Bleeding from the Under Lip, with Cases, and Remarks on the Modern Treatment of Hemorrhoids.

Dr. Alexander Harkin thus writes in the *Lancet*, October 30:

Case 1. Mrs. M., aged 38 years, of bilious temperament, sallow complexion, dark hair and eyes, the mother of six children, called on me early in March, 1885. Before her marriage she had suffered from hemorrhoids, and during her first and subsequent pregnancies from hepatic congestion and occasional hemorrhage from the bowels, which frequently gave me some anxiety on her account. Among other troubles, in 1880 she was prostrated with profuse hemorrhage from a cluster of varicose veins connected with the left femoral vein and close to the knee-joint. On this occasion she presented every sign of debility and anemia: blanched cheeks and lips, sunken features, compressible and feeble pulse, undue palpitation of the heart on the slightest exertion, continuous headache, and frequent vertigo. She attributed her exhaustion to a profuse bleeding from the under lip, occurring at every meal, and generally for ten minutes each time. On examination I found a slight abrasion at the junction of the epidermis with the lining membrane of the lip, about half the size of a threepenny coin, from which the blood flowed freely. Mrs. M. had removed from my neighborhood two years previously, and, as the hemorrhage from the piles had again become troublesome, acting on the advice of a physician of experience, she entered the Royal Hospital, Belfast, in February, 1883, where soon after the offending growths were

deligated by one of the attending surgeons to that institution. After her return home in April, she experienced complete relief for a short time only, irritation about the anus occurring occasionally, and now and then a slight discharge of blood from the nostrils; but in the following June her left lip became painful, and blood began to ooze from it once or twice in the week; the intervals then became gradually shorter, the drain occurring every day, and for many weeks before her visit to me the discharge reappeared at every meal, or when accidentally the lip was hurt. Having from previous lengthened experience acquired a thorough knowledge of the patient's constitution and requirements, I did not hesitate in adopting a plan of treatment. I ordered the immediate application of a blister, eight inches by four inches, for eight hours over the region of the liver, to be followed by cotton-wool dressing. On visiting Mrs. M.—next day, I was informed that from the moment free vesication was established all labial hemorrhage had ceased, and a return of health begun to be felt. I then prescribed the use of chlorate of potash and iron in liberal doses; her color and bodily strength soon reappeared, her headache and vertigo troubled her no more, and, with the exception of an occasional feeling of pain at the seat of discharge in the lower lip, she has not had a recurrence of any of her former ailments. In January last she gave birth to a male child without any unusual trouble, and up to the present date (a period of two years and seven months) there has not been even the slightest sign of the hemorrhage.

Case 2. Mrs. McD—, aged thirty-six years, mother of six children, sent for me on March 8, 1886. I found her confined to

bed, pallid and exhausted from a profuse discharge of blood from the rectum, which had continued for several days, having delayed from motives of delicacy to send for medical advice; the blood accompanied every evacuation, and frequently after feeling a desire the motion consisted of blood alone, often to the amount of three or four ounces. On examination, I found a fringe of external piles surrounding the aperture of the rectum, and inside the sphincter a number of knotty tubercles, from one of which red arterial blood flowed freely. In this, as in the former case, I immediately applied a blister over the region of the liver, and ordered as an adjuvant a mixture of tincture of perchloride of iron and chlorate of potash solution. The relief was immediate, and the patient very soon recovered her natural color and strength, and was able to take out-door exercise. At the end of a fortnight, however, I was again called to the case, and found that the bleeding had returned as freely as ever, with great mental and bodily depression. The relapse was due to the patient having unwisely stood behind a counter to assist her husband for ten hours on a previous day. As her friends had now become anxious on her behalf, I requested Dr. Walton Browne to see the patient with me. After recognizing the nature of the ailment, we agreed to continue the hæmstatic medicine, and gave her a sedative at intervals. These remedies only gave her partial relief, and as the drain was still continuous and severe, at the request of the patient I reapplied the blister to the same place on March 28th. The remedy was again successful; all bleeding ceased, and has not made any reappearance up to the present date.

As bearing upon the etiology of these discharges, I wish to append the history of three recent cases in growing youths, very similar in character and cure.

On May 13, 1885, I was asked to visit J. B., a counter-hand in a spirit store. He had been subject to free bleeding from the right nostril at short intervals for many weeks; he also suffered from severe headaches and constipated bowels; no history of piles. On examining the region of the liver, I found the organ tender on pressure and somewhat enlarged. I then applied the liquor epispasticus freely over the hepatic region, telling the young man that after five hours the hemorrhage would permanently cease. I ordered some cholagogue medicine, at the same time giving him general directions as to diet. As I predicted, the hemorrhage ceased, and now

after the interval of more than a year it has not returned.

On the same day (May 13th), a young man, apprenticed to a chemist, was brought to me by his father, who stated that his son had suffered very much from indigestion and vertigo, and that he had been bleeding from the right nostril for many days. I had formerly treated his father for congestion of the liver due to excessive drinking. On looking at the abdominal region, I found an enlarged liver, with congested cutaneous veins traversing the abdominal surface over that organ. I applied the fluid blister, with the usual result—an immediate cessation of the epistaxis. The young man has since emigrated, but until the day of his departure, six months after, the cure had been complete.

On May 25, 1885, J. S.—, an in-door servant, suffering from profuse epistaxis from the left nostril, sought my advice. The bleeding had continued for six weeks, at intervals; it had first appeared at 6 a. m. and 9 a. m. daily, but latterly it observed no limits, coming on six or seven times in the twenty-four hours. On examination, I found a large and torpid liver; the patient had, besides, many of the subjective signs of the disease—disturbed sleep, headache, irritable temper, borborygmi, hardened fæces, high-colored urine, depressed spirits, inability to rise in the morning, and drowsiness during the day. I applied the counter-irritant over the site of the disease, and with the result that the epistaxis yielded at once as well as the other objective and subjective symptoms of hepatic disorder. After an interval of more than a year he has continued well.

It is freely acknowledged by all writers on the pathology of hemorrhoids that these adventitious bodies owe their existence chiefly to the congestion of a distant organ—the liver—or to obstruction, from various causes, of the great portal vein, through which the venous blood from the abdominal viscera passes into the liver. Van Buren* has called attention to the fact "that these veins, including the hemorrhoidal, are unprovided with valves, and that consequently, whenever the abdominal circulation is sluggish or obstructed, as by an overloaded colon, abdominal tumor, or congested liver, there is a strong tendency to stagnation in its lowermost tributary—the hemorrhoidal vein. When a mass of dilated veins is thus frequently subjected to bruising in the act of defecation, it is liable to an attack of inflammation, the connecting tissue surrounding the veins be-

* Diseases of the Rectum, p. 18.

comes infiltrated with exudation, and the morbid anatomy of the hemorrhoidal tumor is thus explained." With such a history of the genesis of piles, does it not appear strange that to a great extent the remedy is sought for, not in the removal or mitigation of their primary cause, but in their mechanical obliteration by ligature, by the actual cautery, or by the clamp? Yet such, unhappily, is too often the case; and what but serious injury must be the result, when this line of treatment is adopted in men with enlarged and indurated livers, with persistent engorgement of the portal system, and the circulation through the abdominal viscera almost completely obstructed? The fault, if such there be, is chargeable to the medical adviser, who, instead of proceeding upon physiological grounds and laboring to cure the disease by removing its cause, too often turns over his patients to the operating surgeon, and considers his responsibility at an end, when these erectile tumors, whether internal or external to the sphincters, are delegated in a scientific manner.

My first case clearly exemplifies the failure of merely surgical appliances in the absence of constitutional treatment, and the mistake of regarding a prominent symptom as the primary factor in the cycle of morbid phenomena. The violent suppression of a salutary discharge was soon followed by its re-establishment at the superior outlet of the digestive tract; and had similar methods been applied to its extinction on the labial outlet, we should doubtless have found that the nasal organ would in due course have protested, according to its wont, by profuse epistaxis, against the mere mechanical treatment of a systemic lesion. Would the doctrine of deligation be permissible in the latter case? The second example illustrates the advantage of counter-irritant and derivative treatment in immediately controlling and finally suppressing the hemorrhoidal flux, and in this manner superseding the necessity for operative procedure, with its attendant dangers and discomforts.

The frequent occurrence of epistaxis in youth is evidently due to the excitement and hyperæmic condition of the liver and digestive organs during the period of active growth and the constant demands on its functional activity. The liver at this stage closely approximates to the condition in after life, which is the causal factor in the development of piles, and as such is equally amenable to treatment in accordance with etiological principles; the derivative that cures the hemorrhoidal flux as certainly puts an

end to the epistaxis, the outcome of hepatic congestion. The cases related are but the types of many others in a lengthened experience. I have chosen them as being of recent occurrence, and as sufficiently removed from the date of treatment to test the validity and permanence of their cure.

My object in this paper is to enter my protest against the unsound principles upon which hemorrhoids are so frequently treated, and the routine procedure adopted in the sudden suppression of a habitual discharge without sufficient attention to its remote cause.

Suicidal Penetrating Wound of the Neck; Recovery; Remarks.

Wounds of the front of the neck are the commonest of those met with in this region, and attended with so many dangers that it would take too much space to even enumerate them. In the following case, which Mr. Peck reports in the *Lancet*, October 30, the treatment adopted was most successful, the application of a stout silk ligature on each side being sufficient to keep in apposition the parts divided until firm union had taken place; this was no doubt much aided by the operation of laryngotomy. All danger of suffocation from the extension of local complication was thus prevented, and the patient enabled to breathe pure air. The introduction of a catheter into the œsophagus saved much difficulty in feeding the patient, more nutriment being introduced in this way than could otherwise have been given without great pain and considerable disturbance of the parts. In the majority of wounds of the anterior part of the neck it is not advisable to introduce sutures so as to close the wound; but in a case such as the one which we record, where a certain amount of antiseptic treatment can be applied and the smallest amount of disturbance of the parts is permitted, the introduction of sutures hastens the healing, and is certainly to be advised.

J. T., aged forty, a night-porter, had been a heavy drinker of beer for many years. There was gout on the father's side of the family, but no history of insanity. Latterly he had been much depressed, owing to having lost the securities for some money lent to a friend. He was found in a water-closet with his throat cut, lying in a pool of blood.

On admission, there was a wound four inches long, which commenced on the left side of the neck over the carotid sheath, and, passing across to the right side through the

thyro-hyoid membrane, terminated close to the right carotid vessels. The incision passed through the epiglottis, the larger part of which was left attached to the base of the tongue, and, having completely divided the middle constrictor of the pharynx, had laid bare at one spot the vertebral column, so that the upper part of the pharynx was severed from the lower, and the larynx and trachea had receded towards the chest for fully an inch and a half. There was no hemorrhage except some slight venous oozing. The house-surgeon, Mr. Page, brought together the divided edges of the middle constrictor with fine catgut sutures, having first passed a gum catheter through the mouth into the œsophagus. On temporary closure of the skin wound, intense dyspnoea came on, so as to endanger the man's life. A stout silk ligature was now passed on each side through the upper border of the thyroid cartilage below, and the tissues surrounding the hyoid bone above, and then by gradually drawing them tight the larynx was raised to its proper position. The ends of the ligatures were left long, and were brought out at the corners of the skin wound. Laryngotomy was performed, and a silver tube introduced. The skin wound was united with silver sutures and dressed with carbolized gauze. The patient was placed in a tent, the air of which was kept moist by a eucalyptus steam spray. The man was fed every four hours through the catheter. He passed a quiet night, but was a little restless next day. Owing to his attempting to bite through the catheter, it was thought advisable to remove it, and introduce one through the nose; this was more comfortable, and for twelve days he was fed entirely through the nose. On the twelfth day the stout silk ligatures came away, and sufficient union had taken place to retain the larynx in its normal position. The power of deglutition returned, and the nasal tube was removed. Afterwards there was no trouble in swallowing. In a few more days the tracheotomy tube was removed, the original wound having nearly healed, the tent and spray were dispensed with, and the man was allowed to get up. For several days rapid improvement followed, but on the tenth day after the removal of the tracheotomy tube there was difficulty in breathing, which culminated in an attack of spasmodic dyspnoea. Fortunately this was not fatal, but it was deemed necessary to re-introduce the tube through the crico-thyroid space. After wearing this for a week he was able to leave it off for several hours at a time, being trained to this by closure of

the tube with a cork, respiration taking place through an aperture in the upper convex surface of the tube. On June 26th he was made an out-patient, wearing a silver tube, and came up daily to be watched while it was removed. At the end of August he left the hospital, being able to breathe freely in the normal way. The only change noticeable was a slight huskiness in the voice.

The Venom of Poisonous Snakes.

The investigation of the poison which in the form of snake-bites kills nearly 50,000 human beings per annum in India alone, cannot fail to present many points of interest, and has just been undertaken by Dr. R. Norris Wolfenden, whose results are published in the last part of the *Journal of Physiology*. The poisons with which he experimented were obtained from the Indian cobra, the scientific name of which is *Naja tripudians*, and the Indian viper, named the *Daboia Russellii*. In the report of the last Snake Commission, Dr. Wolfenden tells us, Mr. Pedler, one of the commissioners, sums up the results of his chemical examination into the nature of the poison, with the remark that it is quite impossible to draw any deductions as to its nature, and he thought it was more than possible that the poison was a mixture of albuminous principles with some specific poison. Sir Joseph Fayrer and Dr. Lauder Brunton compared the action of cobra poison to the alkaloid conia. Blyth thought that the poison could be separated from the proteids in the venom, and that it was not thrown down with the albumens on the addition of alcohol. Walls, however, with whom Dr. Wolfenden agrees, ascertained that this is an error, and attributable to the circumstance that the alcohol used was not sufficiently pure. If to a solution of cobra poison absolute alcohol be added, a white precipitate is thrown down. After the precipitate has been thoroughly washed with alcohol, it can be redissolved in water, and the solution produces all the effects of cobra poison. Moreover, if dried cobra poison in a state of fine powder be added to absolute alcohol, and the mixture be frequently agitated, the alcohol will derive no poisonous property from the cobra venom; but if rectified spirit be employed, the water in the rectified spirit is capable of taking up a certain amount of the poison. This is just what might be expected of an albuminous fluid, and tells in favor of the view that the cobra venom is of a proteid nature. The observations and experiments of Weir

Mitchell and Reichert upon the venoms of several American snakes tend to prove that the poisonous principle is resident in the proteid constituents. Dr. Wolfenden finds the venom is generally acid when quite fresh, but that it may become neutral when it has been kept for a few hours. Experiment showed that the dialysates of the venom, free from proteid, were quite harmless; but that if they contained any proteid they became toxic. The activity of the venom, though reduced, is not entirely abolished by the exposure to a boiling temperature. It is rendered innocuous by the permanganate of potash outside the body, as well as by tannic acid, metallic salts, and other agents which precipitate albumen. The albumens which Dr. Wolfenden finds are present in the venom of the cobra are: First, a globulin, which is always present, and probably kills by interference with the respiratory mechanism—that is, by asphyxia, and without paralysis, causing local inflammation, but not of great intensity. Secondly, an albumen resembling acid albumen, which is precipitated, together with globulin, by saturation, and which is in some degree dialysable; this proteid probably acts on the respiratory apparatus chiefly like the globulin, but less intensely. Thirdly, an albumen which is precipitated by sodium sulphate out of the magnesia filtrate, and appears to be serum-albumen; this is also toxic, and produces a kind of ascending paralysis, with fatal termination by suppression of the respiratory function due to paralysis of the respiratory muscles. Lastly, he found some traces of hemi-albumose and of peptone. Similar compounds were found in the venom of daboia.

A Case of Removal of the Scapula for Osteo-Sarcoma.

Mr. Charters Symonds read notes of this case before the Clinical Society of London (Oct. 22). The patient was a man, aged 34, who remained well, and was shown at the meeting, two years having elapsed since the operation. Six months before admission, he fell and bruised his shoulder, attending for a month the Croydon Hospital, where he was told he had ruptured a muscle. One month after the accident a swelling appeared, and from that time advanced steadily, though without pain. The inconvenience was due entirely to its size, the man being unable to do heavy work. When admitted, he was healthy in other respects. To the dorsum of the scapula was attached a tumor, measuring nine to ten inches across, and projecting five

inches from the surface. It moved with the scapula, and did not quite reach the glenoid cavity. The spine of the scapula could just be traced. On April 1, 1884, the whole bone was removed, except the acromion and coracoid processes. The usual transverse and vertical incisions were made, one flap only being reflected at a time. First, the inner flap was dissected off, and the posterior border of the bone freed. Next, the inferior angle was isolated, and then the anterior flap was reflected and the axillary border freed, the various muscles being divided. The deltoid and trapezius muscles were divided close to the spine of the scapula, and the superior border was freed. The growth was found to extend to the glenoid cavity; so, after sawing off the acromion and coracoid processes, the capsule of the shoulder-joint and the muscles covering it were severed. The whole mass was then raised from the chest, and the serratus magnus divided. The subclavian was compressed during the operation, and all the large vessels were seized with two pairs of forceps before being divided. In this way little blood was lost. The same evening the man had an unexplained attack of dyspnoea, which lasted twenty-four hours, and interfered with sleep. The temperature rose quickly, reaching its highest point 103.6°, on the fourth day, but instead of falling it passed into a hectic fever, which lasted till May 9th, and then suddenly ceased on the removal of the cause of suppuration—namely, the head of the humerus. Rapid recovery ensued.

Another clinical feature of interest was œdema of the arm without redness, and with no special fever. This was attributed to thrombosis of the axillary vein, but as it disappeared within a few days of the removal of the head of the bone, some other explanation seemed called for. Mr. Symonds called attention to the fact that the continued suppuration seemed due entirely to the cartilage covering the head of the humerus. This structure was found in a suppurating state, and was being thrown off by granulating tissue, and the moment the entire surface was removed recovery began, and was so rapid that, within a few days, he was up, and the parts nicely healed, the man getting flesh within three weeks. The supposition was that the complication was due to traumatic fever, which determined suppuration in the wound, and that this involving the joint structures, the cartilage, acting like a foreign body, maintained the suppuration. On these grounds, Mr. Symonds said he now always carefully removed all cartilage in operations

involving joints, for that while, in many cases, immediate union did occur, when the cartilage was left, an occasional result, such as the present, would happen. The man was shown to the Society two and a half years after the operation, and had a useful arm. He could do much of the lighter work of his trade of a carpenter, being able to drive nails and screws and use a plane. He was able to earn a good living. The rhomboid muscle acted well, having obtained a partial attachment, so that the man could throw both shoulders back. He could rotate the shoulder and carry it backwards and forwards, but was unable to raise it from the side. The tumor was a hard osteo-sarcoma, having a basis composed largely of fibrous tissue.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

A Compend of the Diseases of the Eye ; including Refraction and Surgical Operations. By L. Webster Fox, M. D., etc., and George M. Gould, A. B. 12mo., 150 pp. 60 illustrations. Cloth, \$1.00. P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia.

Ophthalmology has made wonderful advances during the last fifty years. In the United States its progress has been upwards and onwards from the year 1820, when the first public institution for the free treatment of diseases of the eye was opened to the public in the city of New York. Since that time we have not only had numerous special hospitals, but some of the most brilliant results have been achieved in general hospitals. In these latter institutions, ocular diseases are treated as associated with other diseases of a chronic character. In the little work before us we have the results of the careful labors of two of our young ophthalmologists, giving a resume of the general principles and therapeutics of the subject. The authors dwell with much minuteness on the method of correcting errors of refraction and the fitting of glasses.

Part II. treats of functional disorders affecting vision, as paralyzes, etc.

Part III. There is a very good account of the special diseases of the eye. Under the head of gonorrhœal ophthalmia, he employs the utmost cleanliness, reducing the inflammation by leeches with cold applications, and after the early stage of the disease has passed, he touches once a day with the mitigated solid silver nitrate stick. But he

omits a very important agent in this fatal disease, as well as in ophthalmia neonatorum, the local application of cocaine, which reduces the intense congestion of the conjunctival vessels, and prevents ulceration and sloughing, as well as giving prompt relief to the ocular and circumorbital pain. Mr. Leahy, who first employed this treatment (*Indian Medical Gazette*, July, 1886), recommends a mixture composed of $\frac{1}{2}$ grain of sulphate of atropine, and 4 grains of sulphate of cocaine, incorporated in 100 grains of vaseline. This mixture is introduced beneath the upper eyelids. In the case of young infants, the strength of the ointment must be reduced one-fifth, also the hydrochlorate can be substituted for the sulphate, and boracic acid for the atropine.

Part IV. is devoted to surgical operations on the eye, with admirable illustrations and some valuable statistics of operations from European and American ophthalmological institutions.

In the appendices we have a full list of formulæ, not omitting cocaine hydrochloratis gr. x-xx, aquæ destillatæ f3j, which we think is too strong for eye operations. It should not, we find, be more than gr. iv to f3j of water, with an antiseptic, as it soon forms pencillium,* and nothing but fresh solutions should be employed in the eye.

With these slight omissions, we can most heartily recommend this hand-book to the student and general practitioner. The first will find in a limited space much valuable material, not only for study, but also for the practice of his profession.

A Generous Donation for the Promotion of Medical Science.

Edinburgh University has recently received a large donation from Dr. Gunning, of Rio Janeiro, to be used for the establishment of funds for prizes. The sum is large enough to establish eleven triennial prizes of \$250 each. The prizes have received names which commemorate previous professors of the University. They are the Munroe Prize for Anatomy; the Bell Prize in Physiology; the Edward Forbes Prize in Zoölogy; the Hatton Balfour Prize for Botany; the Joseph Black Prize for Chemistry; the Christison Prize for Materia Medica; the Lister Prize for Surgery; the Gregory Prize in Practical Physic; the John Thomson Prize in Pathology; the Simpson Prize in Obstetrics; the Alison Prize for Medical Jurisprudence and Public Health.

* Hyphomycete, or mould.

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HYSTERIA IN CHILDREN.

Volumes and volumes have been written on hysteria, and an enormous amount of material, consisting of carefully reported cases of the disease, has accumulated, but of the variety occurring among children, especially young girls, comparatively little has been said. And yet hysteria, when attacking children, is a far more dangerous malady, and demands far more the closest scrutiny of the skillful physician, than the same complaint when met with in the adult. In the latter there usually is something about the patient that tells the doctor that he has a case of hysteria before him; but in children such rarely occurs.

Then the disease in the young is apt to simulate grave lesions of the brain, and the diagnosis, while naturally of great importance, if only for prognostic purposes, at times becomes difficult indeed. An article published by Dr. Inczek (*Berl. Klin. Woch.*, September 29,) and describing in detail two cases of hysteria in children, is therefore, of great interest.

The first case concerned a girl æt. 9, who had probably inherited the disease, and want of education did the rest. The immediate cause was a trifling one, viz., sprain of an ankle. In consequence of too severe treatment, contractures first developed. Next trismus-like rigidity of the jaw set in, then various pareses made their appearance, and besides difficulty in swallowing and in speaking the patient suffered from local anæsthesia, insomnia, and psychical disturbances. The group of symptoms was grave enough to scare the uninitiated, for following an injury a traumatic lesion of the brain might well have suggested itself. But under anti-hysterical treatment the symptoms disappeared rapidly and completely.

The second case, a girl æt. 13, had been harshly treated. Though so young, she had been doing for four years all the work of a servant-girl, and especially the frequent washing near a large fire, which she had to do, seemed to have developed the disease. Besides, the child had been given comparatively very large quantities of miserable alcoholic drinks, apparently to prevent her from eating too much, as the woman, a real Satan, with whom she lived, had made the observation that such drinks diminished the child's appetite. Other causing elements could not be discovered.

The disease here was at once ushered in with psychical and motoric disturbances, tremor, palsy-like debility, difficulty of speech, differences between the actions of the two

facial nerves; later sensory troubles, hyperæsthesia, tenderness over the spinal column, symptoms of vaso-motor affection, paleness, low temperature, difference in the two pupils, trophic disturbances of the skin, and remarkable slowness of the pulse, all occurred almost at one and the same time, and made the poor child appear a very sick patient. Here also proper treatment in an institution rapidly brought about a perfect cure, and as I notified the authorities, so that the child, when discharged from the hospital, came to people that treated her well, no symptoms of the disease had occurred up to date of report, nearly a year after her admission to the hospital.

In conclusion, I. lays stress on the well-known saying that it is not the medicine that cures hysteria, but the physician who does it.

STAINING OF TUBERCLE BACILLI.

Rapidly to prepare an anilin-water-fuchsin-solution, Dr. Saccharow (*Russkaja Med.*, 11, 1886, Russ.) has discovered the following practical apparatus:

To a common holder with stand, as used in laboratories to keep reaction tubes, etc., in an upright position are attached:

1. A glass bottle with the bottom upside down and filled with anilin water. Whatever too much anilin is present accumulates in the lower part. Through the neck pass two glass tubes. One is intended to admit air, the other is provided with a piece of rubber hose and some little arrangement, as a clamp, for stopping the flow of the anilin-water.

2. A funnel and paper-filter, which fits into a glass tube just beneath the bottle, and which contains fuchsin-crystals, and has a pointed end.

3. Underneath this is another funnel and filter, through which the anilin-water, now containing fuchsin, gradually passes from above into a watch-glass, so that the solution is filtered the second time.

With this simple apparatus one may prepare at any time a fresh solution of fuchsin in anilin-water. As soon as the fluid is obtained the clamp on the rubber hose is closed, and the apparatus ceases working until the clamp is opened and the anilin-water allowed to flow out over the fuchsin again.

Though there still are a few skeptics who deny that microbes ever can be the pathogenic cause of disease, nobody disputes the importance of demonstrating the presence or absence of tubercle-bacilli in the sputa of a patient supposed to suffer from phthisis, but where the physical examination does not

throw light on the case. These bacilli, however, so greatly resemble other microbes, that their staining is of the utmost importance. The apparatus above described greatly diminishes our labor, and thus facilitates the demonstration of the germs, when present.

The writer of this, not long since, attended a patient who four weeks before had contracted a bronchial catarrh. The man had always been in excellent health, and though he had been suffering from bronchitis previously, he never had felt so weak, nor had he lost as much in weight as during the last attack just mentioned. The most careful physical examination failed to reveal any other indication of lung disease, but tubercle bacilli were present in the sputa. About seven weeks later there was no doubt about the diagnosis—miliary-tuberculosis. The disease ran a very rapid course; for before the third month was passed, the patient was dead and buried.

FISSURES OF THE TONGUE.

In some people, especially where gastric disturbances are present, the tongue suddenly becomes fissured all over, without however becoming coated, changing its color, or losing its moisture. Prof. Schwimmer (*Wiener. Med. Woch.* 10, 1886,) had the opportunity to experiment on some cases at his clinic. Although he tried chromic acid, which had been recommended by Vidal, and though he applied iodoform, which Dr. Unna, a dermatologist of Hamburg, had greatly praised, in none of his cases the tongues evinced any improvement. If anything, they became worse, especially under iodoform. As the patients were greatly annoyed by this morbid state of their tongues, Prof. S. tried a series of remedies in the hope to bring about some alteration, but utterly in vain, even Kaposi's treatment with nitrate of silver was useless. Some improvement was noticed after the applications of soda solutions and the lactic acid, first employed by Schiff, gave the patients decided relief, and the latter in one case almost established a cure. Finally S. used papayotin, and the result was surprising. In every case an amelioration was at once noticed, and within a few weeks a perfect cure was obtained. S. applies the papayotin as follows:

B. Papayotin, .05 to 1.0 (8-16 gr.)
Aq. destill.,
Glycerin, aa 5.0 (80m.).

This solution is applied with a camel's hair brush from 2 to 6 times every day after the parts have been previously well dried.

The effect is not a macerating one, as one would think from the action of the drug on digestion, but it acts by stopping the pain in the parts deprived of their epithelium, and causes a renewal of the latter.

In 25 cases, many of which were of many years' duration, a complete and permanent cure was established in all with the exception of one, where a syphilitic dyscrasia existed, but where specific treatment brought about no result either. But even in this case a great amelioration was obtained.

NOTES AND COMMENTS.

Aseptic Surgery.

The President of the Sheffield Medico-Chirurgical Society, Dr. Cleaver, gave an address, October 14, on this subject, and laid particular stress upon the fact that many surgeons imagined they were practicing aseptic surgery, when, in reality, they were only treating with antiseptics, of which there were many methods, and all of them more or less imperfect, whereas, in aseptic surgery, there was only one method, namely—that introduced by Sir Joseph Lister, which aimed at, and attained, a complete absence of putrefaction, and is therefore designated aseptic. Another fatal error was that aseptic or Listerian surgery was spoken of as treatment by the spray. On the other hand, Sir J. Lister, in an address to the Surgical Section of the International Medical Congress in London in 1881, brought forward results of investigations he had made, tending to show that the atmospheric dust is not nearly so much to be dreaded as we used to assume, and that the various forms of virus are far more likely to be introduced by contact with infected liquids or solids than from the air. Dr. Cleaver had reason to believe that other considerations had confirmed Sir J. Lister's impression that, as a purifier of the air, the spray is of little value, and that, therefore, he used it less than formerly. It should be borne in mind that if the spray were not used, greater care was necessary in other respects. Dr. Cleaver claimed as one of the results of aseptic surgery complete immunity from infective disease, including pyæmia, septicæmia, erysipelas, and hospital gangrene, diseases which, twenty years ago, were rife in hospital practice. In upwards of 300 cases of major operations performed at the Sheffield Children's Hospital during the last few years, not one single case of these diseases had arisen.

Amputation for Senile Gangrene at the Age of Eighty-two; Recovery.

In consultation with Mr. Laurence Potts, of Leatherhead, in April, 1886, and again in July, Dr. James Cantlie had (*Brit. Med. Jour.*, October 30,) the opportunity of witnessing the progress of senile gangrene, commencing in the great toe of the left foot. The patient was an old lady, eighty-two years of age. She believed at first that a chilblain was affecting the toe; and, following the advice of her neighbors, she planted her foot in snow at various periods during the winter. As no improvement followed, she received further sage advice, and accordingly painted the toe freely with hydrochloric acid. When first he saw the case with Mr. Potts, gangrene of the great toe was fairly well advanced. Hypodermic morphine injections were being administered to relieve pain; and so bad was the nutrition of the limb that the punctures, where the nozzle of the syringe had entered at the affected (left) leg, remained unhealed for weeks. TempORIZING measures were recommended; but, as the gangrene slowly spread to other toes and the dorsum of the foot, it was resolved that a Teale's amputation just above the ankle presented the only chance of doing any good. This was accordingly done. The parts healed up, and a well-nigh perfect stump resulted.

The advanced age of the patient was the only interesting circumstance in the case, combined with the indications of abeyance of the recuperative powers from the previous punctures not healing. The fact of age was brought more acutely home to him at the time, as, three days previously, he had operated on a case of strangulated femoral hernia on a woman seventy-nine years of age, in Charing Cross Hospital, and she made a rapid recovery.

Purpura Hæmorrhagica in St. Petersburg and Hamburg.

Dr. E. Masing compares (*St. Petersburger Medicinische Wochenschrift*, Nos. 39 and 40) a case of purpura hæmorrhagica of his own, together with 13 cases culled from the case-books of the Mary Magdalen Hospital in St. Petersburg, with the 73 cases collected by Dr. Scheby-Buch, from the records of the Hamburg General Hospital. Of the 14 Russian cases, 10 were complicated with pyrexia and 8 with diarrhoea. Eight presented painful and swollen joints and muscles, whereas in the 73 Hamburg cases only 27 are reported as having had rheumatic symp-

toms. Hemorrhage from the nasal and other cavities of the body occurred in 6 cases; *i. e.*, in about the same proportion as in Hamburg. Urticaria was not observed at all, though it was frequently present in the Hamburg series. Youth is the most common time for the disease to occur, 9 cases being under twenty-five years of age. The disease would appear to be even more rare in St. Petersburg than in Hamburg, for there were only 13 cases found in the Mary Magdalen Hospital Reports for the last twenty years, during which time the total number of patients was over 82,000; while the 73 Hamburg Hospital cases occurred in the space of forty-one years, out of a total of 100,000 patients. The mortality was greater than in Hamburg, 4 out of 14 being fatal in St. Petersburg, and only 10 out of 73 in Hamburg. One of the former series, however died of phthisis. The author is quite unable to throw any light on the etiology of hæmorrhagic purpura, but he expresses the hope that bacteriological research may help to clear it up.

Two Cases of Lupus Treated Successfully With Iodoform; Remarks.

For the following notes we are indebted to Mr. Guy Tyrrell, who publishes them in the *Lancet*, Oct. 30:

Case 1. Alfred R—, aged sixteen, was admitted to the hospital on Feb. 4, 1884, suffering from lupus of the nose and lip. The disease had existed for eighteen months, and had already destroyed the lower half of the alæ of the nose and almost the whole of the upper lip. The patient was ordered cod-liver oil, and the sore was dressed with an ointment consisting of one drachm of iodoform to one ounce of vaseline, plugs of lint covered with the ointment being inserted into each nostril. The sore immediately began to assume a healthy appearance and healed slowly but uninterruptedly, and the patient was discharged cured on July 29th.

Case 2. William V—, aged sixteen, was admitted on March 13, 1886. The disease had existed for two years, and extended over nearly the same area, but the lip was not so deeply involved. The same treatment was adopted, and with an equally good result. The patient was discharged cured on August 3d.

Remarks by Mr. Tyrrell.—I am inclined to publish these cases, as I do not know that this remedy has been tried before, not having seen it mentioned in any books; but the results in these two cases were certainly most striking,

and I think it worthy of a further trial, as it is certainly a less painful method than scraping or cauterization.

Pelvic Hæmatocele.

Mr. Lawson Tait thus concludes an article in the *Lancet* (Oct. 30):

"We come, then, to the following conclusions: That in the great majority of cases of extra-peritoneal hæmatocele the disease may be left alone, being rarely fatal, and that it is to be interfered with only when suppuration has occurred. That, on the contrary, intra-peritoneal hæmatocele is fatal with such almost uniform certainty that so soon as it is suspected the abdomen must be opened and the hemorrhage arrested. In the overwhelming majority of cases the source of the hæmatocele will be found in the broad ligament, and then it can be dealt with, and with every prospect of success. If any one objects to this, I appeal again to the canon of surgery, which is of uniform application. For surgical hemorrhage cut down and tie the bleeding point; if a big branch of the femoral artery were bleeding, my colleagues who deal in such cases would cut down and tie it. Why should Poupert's ligament be a line of demarcation within which this surgical writ will not run? Why should my friend, Dr. —, be allowed to do to the external iliac artery what I am prohibited from doing to the internal iliac division? Indeed, at page 202 of Bernutz and Goupil's work they assert this principle: 'The indication in such a case is plain—we must stop the hemorrhage.'"

Pouch of the Penile Urethra.

Before the Medical Society of London, October 25, Mr. E. Harry Fenwick showed a case of pouch of the penile urethra in a patient aged fifty-seven, who had suffered from stricture for the last eighteen years. The difficulty of micturition culminated in extravasation of urine a year and a half ago. Perineal incision was performed, and a large sac with several small faceted stones and one large one was removed. Urethral fever followed, but the man ultimately recovered. The pouch was probably due to distension of the canal behind an anterior stricture. It was proposed to pare the edges of the ante-scrotal sac at the same time that the bladder was drained through the perineum.

Mr. J. H. Morgan considered that Mr. Fenwick's explanation of the nature of the

pouch was correct. Instead of performing any cutting operation, he would be inclined to employ steel sounds with a view to dilating the strictures, and trust to the mechanical stimulus to improve the tone of the muscular coat.

Mr. Bruce Clarke thought something more than sounds and catheters would be required: excision of a portion of the urethra and joining together the cut ends.

The Infectious Capacity of Chronic Gonorrhœa.

Neisser, the discoverer of the gonococci, addressed the meeting of German physicians at Strasburg on the subject of the infectiousness of chronic gonorrhœa (*The Therapeutic Gazette*, September 15, 1886). He believes that the question whether chronic gonorrhœa is infectious or not cannot be answered summarily, but can solely be decided from case to case by repeated examinations of the gonorrhœal secretion for gonococci. Examining one hundred and forty-three cases of chronic gonorrhœa for gonococci, he found the proportion of cases giving a positive result to be almost equal to that giving a negative result. Neisser recommends, as the most effective treatment, nitrate of silver in a proportion of 1 to 3,000 to 2,000, or a five per cent. solution of salicylate of sodium, the remedy being best injected with a soft, thin catheter, having at its point several openings. In a case presenting, even on repeated examinations, no gonococci at all, treatment is better wholly avoided. The internal administration of the balsam of copaiba appears to be a useful measure. This recalls a statement of two French observers, Sinety and Hennegue, which is in opposition to Neisser's claim. In their experience injections of nitrate of silver were unable to kill the gonococci found in the urethritis of females. The same negative results they obtained also with permanganate of potassium, ozone-water, and even with corrosive sublimate.

The Treatment of Thread-worms in Children.

Dr. Sidney Martin writes as follows to the *Practitioner* of October, 1886:

The complete cure of thread-worms in children is often very difficult. While the ordinary methods used, such as rectal injections of salt and water, infusions of quassia, and other remedies, do good for a time, yet they often fail to relieve the attendant symptoms of "worms," symptoms usually very irregular, and in some cases severe, in char-

acter. In many cases, though the irritation about the anus is relieved by injections, the irregularity of the bowels and the disturbance of sleep remain the same. This is probably due to the fact that the habitat of the worms is higher up in the large intestine, where no remedy introduced by the rectum can reach them.

In many cases I have found that rhubarb in small doses brings away large numbers of worms, and at the same time regulates the bowels: so that the use of injections may in most cases be dispensed with. The formula which I have found most useful is as follows, varying slightly with the age of the child:

| | | |
|----|----------------------|----------|
| R. | Tincturæ rhei, | m. iij. |
| | Magnesi carbonatis, | gr. iij. |
| | Tincturæ zingiberis, | m. j. |
| | Aquam, | ad. 3j. |

This is to be taken twice or three times daily, according to the effect on the bowels. Whether the rhubarb acts as a vermicide or simply by "moving the worms on," I am unable to say.

The Term "Rheumatism."

In the course of a paper on rheumatism, read at the recent Berlin Congress of Naturalists and Physicians, Professor Senator, who adduced evidence to prove that rheumatism is a specific disease, made some remarks upon the popular acceptance of exposure to cold being a cause of disease (*Deutsche Med. Woch.*, No 41). He said that undoubtedly many painful affections of the locomotor system, many neuralgiæ and paralyses—e. g., facial—arise from sudden exposure to cold, especially if the surface be heated and bathed in sweat. But the term "cold" should only be applied to cases where the history of such exposure was quite clear, and the diseases produced thereby should be termed "refrigerant" rather than "rheumatic." The use of the words "rheumatism" and "rheumatic" should then be reserved for such cases of disease as are not due to mere cold, but to a special kind of miasmatic infection, like that which excites acute rheumatism—the prototype of rheumatic disease—and are amenable to specific treatment. Although this may be merely a matter of words, yet, as he truly remarked, correct nomenclature implies correct conceptions of the conditions named.

A Collection of Pine Leaves in the Bronchi Causing Repeated Hemorrhage.

Dr. Axel Key has recorded (in the *Lancet*) the case of a man, thirty-six years of age, who had suffered for seventeen years from

violent hemorrhage from the lungs. He died in the Serafin Hospital, December 1, 1885, after a short residence there. At the post-mortem examination the body was found to be robust, and not emaciated. In both of the larger bronchi there were a number of circumscribed blood coagula. The right lung was unaltered; in the left there was a slight enlargement of a smaller bronchus, with induration of the walls and immediately surrounding lung tissue. In the cavity of the dilatation there was a quantity of coagulum. Outside the cavity there were six pine leaves partly massed together, but with the points free; the leaves were of a brownish-gray, faintly changing into green, stiff, and with sharp points. The marks of the points appeared on the mucous membrane, and were several millimetres long. The lung was in other respects healthy. The leaves were, in the opinion of Dr. Key, the cause of death, owing probably to the fact that latterly they had embedded themselves more deeply in the lung, or that their position had changed to a new and more dangerous place.

A New View on the Causation of Bright's Disease.

At a recent meeting of the Académie de Médecine, Prof. Semmola, of Naples, brought forward, in an exhaustive paper, his peculiar views on the causation of Bright's disease. According to this inquirer, the nephritis which accompanies the malady is not primitive, but consecutive. Albuminuria is produced independently of alteration in the structure of the kidneys, and even, in his opinion, the real cause of the changes witnessed in those bodies is due to the constant passing of the albumen through their canaliculæ. Sufficient proof of this assertion might be found in experimenting on the lower animals. If the white of an egg was injected subcutaneously albuminuria was determined, and subsequently nephritis. On the other hand, the skin seems to undergo changes which are striking, and sufficient to account for the presence of the affection. The sweat-glands are atrophied, and the conjunctive tissue of the derma is very proliferous. He deduced from this that the skin was the first organ to be affected in Bright's disease, and not the kidneys, and all the attention should be turned toward that structure.

Shoemaker's Ulcer.

The *Brit. Med. Jour.* (Oct. 30) says that Dr. Danford Thomas has done well in draw-

ing public attention to this peculiar form of industrial disease. While holding an inquest recently on the body of a shoemaker who had died suddenly at Queen's Road Station, Bayswater, from the bursting of an ulcer in the stomach, Dr. Danford Thomas said it was a pity that shoemakers persisted in pressing the boot to the stomach when engaged on their work, for the pressure was apt to produce an ulcer. We are informed by Dr. Lomas, an excellent authority on the subject, that a very large number of shoemakers suffer from stomach diseases. Some years ago an upright bench for shoemakers was exhibited by the Society of Arts, which, it is believed, is now used in many boot factories. The repairers of boots and shoes are the people who still carry on their work in the old way. In hospitals and dispensaries, he has met with some cases of hæmatemesis from pressure over the stomach. As a class, shoemakers are not healthy; many of them become very feeble at the age of 40 to 50.

Spontaneous Shedding of Nails in Hysteria.

Dr. T. Falcone, of Naples, records a case of hysteria, prolonged and aggravated, in the course of which there was spontaneous shedding of the finger and toe-nails (*Deutsche Med. Woch.*, Oct. 14th). The patient was fifty years of age, and since 1870 had, after a mental shock, been subject to hemiparesis and other nerve symptoms, including paraplegia, hyperæsthesia, globus, etc.. She recovered, but after remaining well for six years the symptoms returned on the occasion of her visit to the grave of her son, whose death had in the first instance been the exciting cause of her attacks. The affection of the nails was preceded by tingling in the fingers and toes, especially the thumbs and great toes, followed by suppuration in the bed of the nail. It was noted that on the right thumb the new nail was formed directly from the bed of the nail by proliferation of epithelium, which assumed a horny character; but on all the other affected fingers and toes the repair took place in the usual way, viz., by growth from the matrix. The condition altogether was regarded as a dystrophic one due to disordered nerve function.

Remarkable Tolerance of Opium.

At a meeting of the Société Médicale des Hôpitaux, M. Moutard-Martin mentioned the case of a patient, aged 50, suffering from tuberculosis, to whom he had given 45 cen-

tigrammes ($4\frac{1}{2}$ grains) of opium in progressive doses, without producing poisoning, contraction of the pupil, constipation, or dryness of the tongue. M. Rendu, who attended the meeting, suggested the advisability of giving the best quality of the extract of thebaine, in progressive doses, to the same patient; by that means it would easily be proved whether the man's tolerance of opium was not owing to the poor quality of thebaine dispensed in hospitals. Other cases were quoted at the same meeting by MM. Desnos and Sevestre of patients who had taken 2 grammes (30 grains) of morphine daily. In conclusion, M. Martin said that what appeared strange in the case of his patient was the fact of his being able to take the rapidly increased doses, from 20 to 45 centigrammes, in the course of five days.

A Specific and Prophylactic for Scarlet Fever and Diphtheria.

Dr. C. R. Illingworth thus writes to the *Brit. Med. Jour.*, October 30:

"In your issue of May 1, you inserted a communication of mine relative to the biniodide of mercury as a specific for scarlet fever and diphtheria.

"That it is a true specific for the former, is proved by the defervescence commencing immediately upon the administration of the medicine, instead of upon the fifth day, and by the absence of desquamation in consequence. That it acts as a specific in the latter, is shown by the rapid disappearance of the membranous effusion and reduction of temperature. The efficacy of the medicine depends, I think, upon the diffusible potassic iodide carrying the germicide biniodide to every portion of the circulation. Prescribed in this form, the biniodide of mercury has not, so far as I am aware, been used before for these diseases."

Lung or Liver?

The great difficulty in diagnosis that the physician has to contend with in the region that contains the right lower lobe of the lung and the liver, is one of the most patent facts of clinical medicine. And yet hardly a week passes that does not afford some illustration of the difficulty of surmounting even a well-recognized obstacle. M. Guyot has published a case of hydatid cyst of the liver which he mistook for a pleurisy of the diaphragm associated with pulmonary tuberculosis. It is said that all the physicians who saw the case were of M. Guyot's opinion. The hydatid cyst had suppurated, and the

friction-sound was the result of spread of the inflammation to the serous surfaces. The rule laid down by many physicians, that the liver should be thoroughly explored in the presence of friction-sounds in the hepatic region, when there are the ordinary signs of suppuration, cannot be too strongly insisted upon.

A Case of Quinine Rash.

Dr. M. A. Veeder, of Lyons, N. Y., writes to the *Med. Record* that he has recently observed a case of quinine rash in which the condition of the skin closely resembled that existing in scarlatina. The patient, without consulting a physician, had for a day or two been taking quinine in small doses for some slight disorder, supposed to be malarial; but, becoming alarmed at the appearance of the rash, and imagining that the disease might be scarlet fever, medical advice was sought. The slight malaise and feverishness, together with the cutaneous conditions, formed a group of symptoms sufficiently obscure; but fortunately, for the credit of the profession, the source of the difficulty was at once suspected, and the taking of quinine forbidden. The rash disappeared with great promptness, but returned again repeatedly when, as an experiment, quinine was again administered in small doses.

A New Manifestation of Argyria.

M. Lewin has reported to the Berlin Medical Society his observation of an affection that seems to be peculiar to workers in silver. It appears in the form of round or oval bluish spots on the skin, which in extreme cases may be as large as a nickel five-cent piece, generally on the back of the left hand. Workmen in metals who do not use silver are free from it. The manner in which the spots are produced is not clear, for experiments with the direct application of silver in various forms have failed to generate them. The silver probably falls upon some scratch—for the spots are usually developed where there has been a lesion—in a solution, and afterward undergoes some chemical change by the action of the bodily fluids which induces this peculiar color.

Hæmatemesis in Hysterical Patients of Both Sexes.

M. Auguste Ollivier, of Paris, read an important paper at the Congress at Nancy on hæmatemesis in the absence of the catamenia. In cases of hysteria in both sexes hæmateme-

sis was met with, and appeared due to a special condition of the nervous system. He asserted that this variety of hæmatemesis, which was too often regarded as symptomatic of ulcer in the stomach, was, in reality, a form of local hysteria, with gastralgia, accompanied by hemorrhage. The absence of any disturbance of the nutrition, the suddenness of the onset, the presence of nervous disturbance, and the prompt re-establishment of health, would generally serve as indications of the true nature of the complaint.

Hernia of the Cæcum.

Mr. Frederick Treves read a paper on hernia of the cæcum before the Medical Society of London (October 18), in which he particularly called attention to the error which had crept into the text-books. It was generally stated to be devoid of a sac, but he had almost invariably found a sac to be present. Mr. Lockwood said that after an examination of many specimens in the museum of London and Paris, he had come to the same conclusion as Mr. Treves with regard to the sac. Mr. Sidney Jones wished to endorse the observations made by Mr. Treves, and added that the considerable volume of this kind of hernia was often an obstacle to reduction.

Cure of Rheumatic Tetanus by Pilocarpine.

Briinner describes (*Centrab. f. klin. Med.*, September 18, 1886,) the case of a peasant woman aged forty, suffering from rheumatic tetanus, whom he treated for five days without result, despite the administration of morphia, chloral, quinine, etc. Pilocarpine was then used in the single daily dose of one-third of one grain. The induced perspiration was moderate, but the increased salivary secretion was very great. Chloral hydrate was given at night. On the ninth day of treatment the convulsions disappeared completely.

Case of Paralysis Agitans, Apparently of Traumatic Origin.

To the Medical Society of London (October 25), Dr. Samuel West showed a man in whom peculiar tremors of the right arm came on immediately after a blow on the head. The symptoms had gone on increasing in severity for ten years, and now extended to the legs, rendering walking difficult. Sensation was diminished in the affected limbs, and he had occasional attacks of vertigo, but

no distinct evidence could be obtained of any cerebral lesion.

Antipyrin in Pyrexia.

Brigade-Surgeon J. B. Hamilton, Medical Staff, Lucknow, communicates to the *Indian Medical Gazette* a paper on the above subject. His conclusions are that antipyrin is decidedly beneficial in reducing the temperature in cases of enteric fever, pneumonia, and insolation. In a few cases the drug was given subcutaneously. In no case did it produce skin eruption or vomiting. It acts well in children; but he would hesitate to give it to debilitated patients.

Cocaine in Gonorrhœal Ophthalmia.

A. Leahy recommends (*Indian Med. Gazette*, July, 1886,) a trial of cocaine in gonorrhœal ophthalmia. In his hands he has found that the ocular and circum-orbital pain is much diminished, the chemosis reduced, and the congestion of the conjunctival vessels much diminished. He used the following preparation: Cocain. sulph. 4 gr., atrop. sulph. $\frac{1}{2}$ gr., vaseline 100 gr. To be applied with a camel's hair brush.

The Treatment of Felon.

Dr. W. H. Halbert is an advocate of the conservative treatment of paronychia. He treats it with salt and turpentine, allowing the mixture to remain on the finger several days, moistening the salt twice a day with the oil of turpentine. In the forming stage of a felon, he wraps the finger firmly with surgeon's silk isinglass plaster, and applies the mixture over it, leaving it undisturbed for two or three days.

A Substitute for Circumcision.

Mr. Herbert Snow, writing in the *Lancet*, suggests that circumcision may often be avoided by the introduction of a pair of dressing forceps under the prepuce, and stretching the skin by separating the blades. This can be accomplished without pain by means of an application of cocaine. After the tissues have been thoroughly stretched, the foreskin should be drawn back every morning for a few days.

—Irish moss, with one per cent. of cane sugar and two per cent. of beef peptone, is one of the cheapest and best culture media for micro-organisms, according to Dr. Alexander Edington, of Edinburgh.

CORRESPONDENCE.

Convulsions.

EDS. MED. AND SURG. REPORTER :

On the 30th of June, Mr. A. sent after me to come and see his daughter, who he said was dying. She was 11 years of age. When I arrived I found her laboring under a very severe attack of convulsions, frothing at the mouth; and there was no possibility of administering medicines in any way. Applied cold cloths to her head, sinapisms to her wrists and ankles, and hot cloths to her feet. But the convulsions continued. We then put her into a tub of warm water and kept her in some 10 or 15 minutes, but owing to her convulsions the warm bath could not be satisfactorily administered, as any one who has had similar cases will imagine.

What now was to be done? My patient had been in convulsions four or five hours, and if anything getting worse instead of better, without the ability to take medicine. I then commenced to give her ether, and continued the inhalation until I had quieted her down; but as soon as the effect of the ether commenced to wear off, the convulsions commenced to return. What next? I put her again under the influence of ether until entirely quiet. I then injected hypodermically $\frac{1}{4}$ grain of morphia in solution, and as my patient had a high fever, I immediately injected six drops of tr. veratrum, and as soon as the convulsions showed the least symptom, I renewed the inhalation of ether. In something like half an hour the symptoms of convulsions ceased, and the patient could swallow. I administered ten grains of bromide of potash, and ordered one to be given in two hours and a half after that. I took leave at 2 o'clock a. m., to return in the afternoon at 1 o'clock. When I returned she had had no more symptoms of convulsions nor fever, but had vomited every half hour for two hours. I applied mustard plaster over her stomach, and administered half-grain doses of calomel rubbed up in a little loaf sugar, until four grains were taken, which was indicated also otherwise. Vomiting soon ceased; she became conscious, and wanted to know what had blistered her wrists and ankles.

E. A. OPPELT, M. D.

Connellsburg, Ind.

The Morals of Massage.

EDS. MED. AND SURG. REPORTER:—

On page 542 of the MEDICAL AND SURGICAL REPORTER, October 23, 1886, I no-

tice a statement made that "massage" is used for the purpose "of exciting the sensual feelings of the patients, or rather victims, and that the success of the professional rubber is closely connected with effects on the system in this direction." This you quote from the English journals. This may be so, but if it is, I think I am safe in saying that when massage accomplishes this purpose it is not performed properly, and will not only fail to effect any good, but do very much serious harm to the trouble one may be trying to relieve, and doubtless to the patient's morals also.

From an experience of several months on my own person with "rubbers" of various kinds, but well trained in their different teachings, I was able to confirm what I say above. Being of an extremely sensitive disposition, which was heightened by a long sickness, I was able to observe the effects with the greatest nicety. Whenever the rubbing consists of a friction of the skin, whether strong or light pressure be used, but especially the latter, the result is invariably more or less sexual excitement. This tends always to destroy any benefit one may have had from previous rubbings of the right kind. Desiring to gain all the good possible with the least expenditure of time, energy, and money, I performed a series of experiments to ascertain the exact value of different kinds of massage. I found that the deep, heavy pressure with rolling motion, so that the deep tissues were affected, with *scarcely* any friction of the skin, accomplished good results. My trouble was a muscular and nervous weakness of the bowels, in fact, complete collapse of those organs, arising from an aggravated constipation. I was obliged to desist from my experiments after having determined this point, as every time I neglected to follow the rules which I had laid down, I undid all the good which had been done by former rubs. I also arrived at some general principles regarding the locality in which the patient should be rubbed, but I cannot go into that here. In troubling you with these remarks, I can only say that I do not like to see the notice of an abuse pass without showing, if possible, that it is only an "abuse," for fear that popular prejudice may bring into disrepute a practice which in every way is worthy of our most attentive culture. The explanation of the fact I give, and which you also notice, is not far to seek for those who believe in some principle of "vital force."

F. B. MICKLE, M. D.

512 John St., Baltimore, Maryland.

A Remarkable Injury of the Finger.

EDS. MED. AND SURG. REPORTER:

I see in your issue of October 23 an article under the title of "A Remarkable Injury of the Finger." I had a very similar case about two years ago. A boy eleven years old fell from a ladder, and a ring upon his third finger caught upon a nail, stripping the coverings from the bone like a glove from the finger, as far as the third phalanx. The coverings contained the bone of the third phalanx, to which was attached the flexor tendon, which was pulled from its sheath in the forearm, and measured thirteen inches from the tip of the finger. The finger was amputated.

HENRY B. PALMER, M. D.

Phillips, Me.

NEWS AND MISCELLANY.

The Army Medical Service of France.

A recent return shows that on October 15 the strength of the French Army Medical Department (*Corps de Santé Militaire*) was 1,174 officers, and that there were on that date, altogether, 126 vacancies in the various grades, the strength sanctioned being 1,300 of all ranks. The numbers, according to rank, on active employ were: Médecin inspecteur général, 1; médecins inspecteurs, 9; médecins principaux, 1re Classe, 40; 2me Classe, 45; médecins majors, 1re Classe, 295; 2me Classe, 468; médecine aides-majors, 1re Classe, 208; 2me Classe, 108; total, 1,174. There were, in addition, 134 commissioned "pharmaciens" of various grades, on active employ in the army, with altogether 52 vacancies in this branch of the medical service. The "pharmaciens militaires" in the French service all hold a diploma, either of Master in Pharmacy or of Pharmacien of the 1st Class; some possess a university title of doctor, in addition to the 1st Class diploma of Pharmacien. The foregoing numbers show the strength of the medical department with the French army on active employment, but, beyond this establishment, there are two large bodies of medical officers, of different grades, borne on the rolls of the army of reserve, and of the territorial army of France.

The French Army in the East and its Hospital Service.

The French army of occupation of Tonkin and Annam has an effective strength of about 34,000 troops, of which number 15,000 are

Europeans, 16,000 natives of Tonkin, and 3,000 natives of Annam. The army is organized as a division, divided into three brigades; and a certain number of hospital establishments are allotted to each brigade. The hospitals are of two kinds—fixed hospitals, organized on the ordinary regulation scale for field-service; and movable hospitals annexed to them, under the name of *infirmes ambulances*. There are altogether fourteen stationary hospitals, and twenty-five of the ambulance infirmaries. Owing to the nature and extent of the territory occupied by the troops, the difficulties in administering the hospital service have been unusually great; all the more so from the wide-spread and incessant demands made on the hospital establishments, and on the services of the medical officers, in consequence of the prevalence of remittent fevers of a severe type and other climatic diseases. The direction of the whole medical service of the army of occupation is in the hands of Médecin-Principal Dr. Dujardin-Beaumetz, whose headquarters are at Hanoi.

The Consumption of Alcohol in Belgium and Other Countries.

According to M. E. Laveleye, the consumption of ardent spirits in Belgium has nearly doubled in fourteen years, and is now surpassed only by that of Denmark and Russia. Everything is done to encourage it, as if drinking alcohol was a good thing, and one needing to be fostered by the State. The duty is only about 50 francs per litre, while even in France it is 200, and in England nearly 500. There is a place for the sale of drink to every forty-four inhabitants, or one to every ten families. What demon can be in possession of governments that leads them so to foster misery, crime, and poverty—to say nothing of disease? Such a licensed use of alcohol paralyzes and mocks all legislation for the improvement of the people, all social efforts, and all progress in medical science.

A Sensible View of the Temperance Question.

The *Medical Record* says that Dr. Huntington, rector of Grace church (New York), preached the temperance sermon in the Church of the Holy Trinity, Fifth avenue and 125th street. He said: "The Bible nowhere makes total abstinence necessary to righteousness, and it ill becomes advocates of total abstinence to maintain that any one cannot be really good unless he is a total ab-

tainer. Temperance does not mean total abstinence, but moderation. Yet it is true that, under the social conditions of this country, the cause of temperance can best be served by the adoption of habits of total abstinence. The remedy of the widespread evils of drunkenness can best be secured by the quiet method of personal example and influence, rather than by noisy and demonstrative parade. I am not one of those who expect that legislation is going to effect a remedy of the evil. We must look to the personal example of abstinence set by men for the benefit of their weaker brethren, to gradually reduce the pitiable evils of intemperance." Well said, Dr. Huntington! Science, morality, civilization, and religion, are on your side.

Unusual Coincidence.

On the 18th of last month a man and his wife were admitted into St. Thomas's Hospital (London), suffering from acute pneumonia of respectively three and four days' duration. Each was aged thirty-two years. The disease ran an acute course, being little influenced by treatment, and they died at the end of four days, within a few hours of each other. At the post-mortem examinations, which were made on the same day, acute inflammation of the right lung was found in each; this had attacked chiefly the base in the case of the man, and the apex in the woman. It would appear that they had left their house and moved into lodgings only two or three days before the commencement of the disease, on account of the bad smells, making it probable that the disease was of septic origin.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE
UNITED STATES MARINE HOSPITAL SERVICE,
FOR THE WEEK ENDED NOVEMBER 13, 1886.

Ames, R. P. M., passed assistant surgeon. To proceed to Vineyard Haven, Mass., as inspector, November 10, 1886.

Urquhart, F. M., passed assistant surgeon. Granted leave of absence for seven days, November 8, 1886.

Wasdin, Eugene, passed assistant surgeon. Granted leave of absence for seven days, November 11, 1886.

Magruder, G. M., assistant surgeon. Relieved from duty at Norfolk, Va.; assigned to duty at Marine Hospital, Chicago, Ill., November 10, 1886.

A Curious Wager.

The following is extracted from the *Indian Medical Journal* for July: "Two Mahometans in Hyderabad City made a curious wager the other day, which resulted in the death of one of them. The deceased accepted a challenge that he would stand facing the sun from 8 a. m. to 6 p. m. A certain day was appointed, when a large gathering assembled to witness the *tamasha*, as they styled it. The deceased took his stand, gazing at the sun from the agreed time up to 3 p. m., when suddenly he dropped, foaming from the mouth. Medical aid was soon summoned, but before assistance arrived life was extinct.

Poisoning by Ptomaines.

Two deaths are again recorded, believed to be due to the formation of alkaloidal poison in the arrested putrefaction of smoked meat. Two women, at Bangor, in the north of Ireland, were recently seized with all the symptoms of irritant poisoning, which terminated fatally. The whole of the family partook of German sausages, and all suffered subsequently from vomiting and diarrhoea. After a thorough investigation, the result arrived at was, that death was due to the development of poisons alkaloids in the German sausages, of which the whole family had partaken.

Republican Austerity.

Dr. James R. Chadwick, who was delegated to represent Harvard University at the recent festivities at Heidelberg, tells a story of the "republican austerity" which he was supposed to illustrate. For while other delegates presented their credentials emblazoned upon parchment, and enclosed in cases of velvet and gilt, all that he had to offer was an informal note, written on a half-sheet of paper by President Eliot, and bearing date at his summer residence at Mt. Desert.

The Pasteur Institute.

M. Pasteur now finds, it is stated, that the 2,000 square metres of ground, of which the city of Paris has granted him the free use for ninety-nine years, are insufficient for his purposes. The plan for his future institute is said to be an ambitious one; and he, therefore, asks the Municipal Council to let him have a large plot of ground adjoining his allotment, for which he is willing to pay. It is thought that M. Pasteur will obtain it at a rent scarcely more than nominal.

Nitrate of Silver Stain.

Dip the fingers into a strong solution of cupric chloride. In about a minute the silver will be converted into chloride, and may then be washed off with hyposulphite of soda solution.

Personal.

—Dr. J. R. F. Bell has removed to No. 2028 North Broad street.

—Dr. F. B. Hazel has removed to 841 North Broad street.

—Dr. Charles S. Turnbull has removed his office and residence to 1719 Chestnut street.

Items.

—The British Medical Association have decided to hold their annual meeting for 1887 in Dublin, and Dr. J. T. Banks, Professor of Physiology in the University of Dublin, is the president-elect. The meeting will be held on August 2, 3, 4, and 5.

—It is stated by a St. Petersburg journal that the first experiences of the Odessa Pasteur Institute have been far from encouraging, five patients having died out of a very moderate number treated by Pasteur's method.

—Some one has discovered certain points of similarity between a baby and a widower: He cries a great deal the first three months; after this he becomes quiet, and begins to notice; and it is with considerable difficulty that he is made to survive his second summer.

—The friends of Charles Robin have opened a subscription list, in order to obtain the funds necessary for the erection of a monument to his memory. Quite a sum has already been collected, the subscriptions running from five francs up to five hundred francs.

—The Memphis City Hospital is a very poorly-conducted institution, according to the *Mississippi Valley Medical Monthly*. The mortality rate is high (nearly fourteen per cent.); the wards are not well built, and are not kept in a cleanly condition. The cause is want of money.

—By the use of cotton filters and respirators Dr. David Prince, of Jacksonville, Ill., proposes to keep the infectious germs from spreading out of an infected room and from entering the system of persons exposed. Cotton filters arrest the passage of all particulate matter.

—Intelligence has been received of the existence of an epidemic of small-pox at Kingston, Jamaica. On the 13th ult. there were no fewer than 362 cases under treatment, and the deaths had been exceptionally numerous. The inhabitants were leaving the town in very large numbers, as the disease was rapidly increasing.

—The medical advantages of Vienna now lie mainly in the departments of dermatology, laryngology, and venereal diseases, says a correspondent of the *Cleveland Medical Gazette*. The two leading men in the second branch, named Schnitzler and Schrötter, have only four vowels between them, to make up for which there is a regular inebriism of consonants.

—Paralytic ataxia of the heart is the name given by Prof. Sammola to a cardiac neurosis which comes on at the age of forty to sixty, as the result of emotional strain and venereal excesses. It is characterized, first, by severe dyspeptic troubles, then by cardiac symptoms, palpitations, and irregular heart action, marbled extremities, dyspnoea, and slight oedema.

—A pale, cadaverous-looking Irishman entered a doctor's office, and with both hands pressing heavily his right chest, in much agitation addressed the medical man in a whisper as follows: "Doctor, I'm in a very bad condition; my right lung is clean gone, and I have lost my voice entirely," then changing both hands to the opposite breast, he continued, in a loud, clear voice, "but this lung is all right, doctor."

—At the annual meeting of the American Rhinological Association, held at St. Louis, October 5, 6, and 7, the following officers were elected:

President.—J. A. Stuckey, M. D., of Lexington, Ky.

First Vice-President.—Carl H. von Klein, M. D., of Dayton, O.

Second Vice-President.—Theodore North, M. D., of Keokuk, Ia.

The Association adjourned, to meet on the last Tuesday in September, 1887, at Dayton, Ohio.

QUERIES AND REPLIES.**THE ROTTING INFLUENCE OF A DRY CLIMATE ON RUBBER GOODS.**

EDS. MED. AND SURG. REPORTER:

Can you, or any of the readers of the REPORTER, tell me how I may prevent the effects of this dry climate on rubber goods? All my catheters and rubber tubing of every description, dry, crack, and rot, after keeping them a short time in this climate. Elevation, 6,000 feet.

Arizona Territory.

W. N. SHERMAN, M. D.